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ABSTRACT

Intended for use by professionals and trained para-professionals in the training of family day care providers, in-home caregivers, and, to some extent, foster parents, this handbook contains information and materials necessary to establish a training plan and offers nine training units plus a supplemental unit about toys. Discussed first are re-training activities for caregivers including initial contact; training needs assessment; and the initial interview. Then the training units are presented. Training units one through nine focus on (1) common concerns and problems experienced by newly licensed or beginning family day care providers; (2) observation of an individual child; (3) growth and development of infants and toddlers; (4) ages and stages of child development; (5) the home as a place for learning; (6) guiding behavior of young children; (7) self-esteem in young children; (8) health and safety; and (9) developing a positive relationship between parents and caregiver. The unit on toys provides information about selecting and using toys, and toy safety. Each unit includes information and suggestions for the trainer as well as a bibliography of selected books, filmstrips, pamphlets, and other resource materials. (RH)

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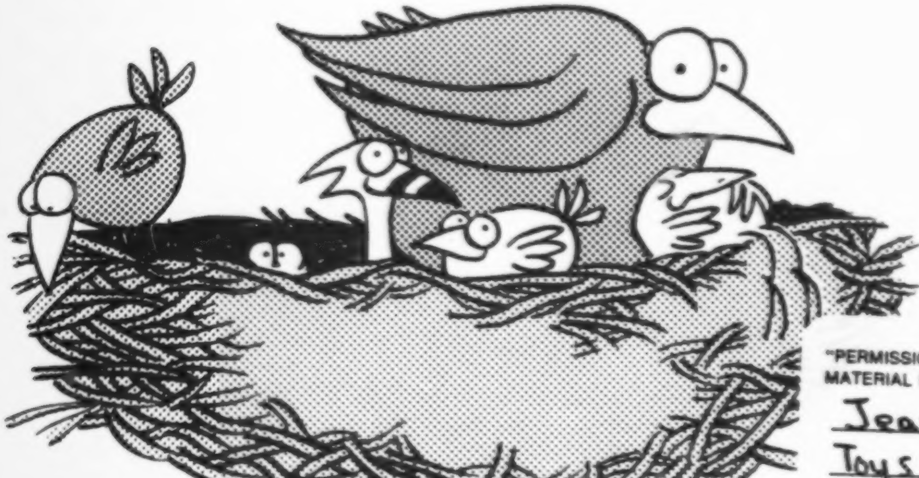
REVISED EDITION

Home Based Training Resource Handbook

edited by: Debra Fish



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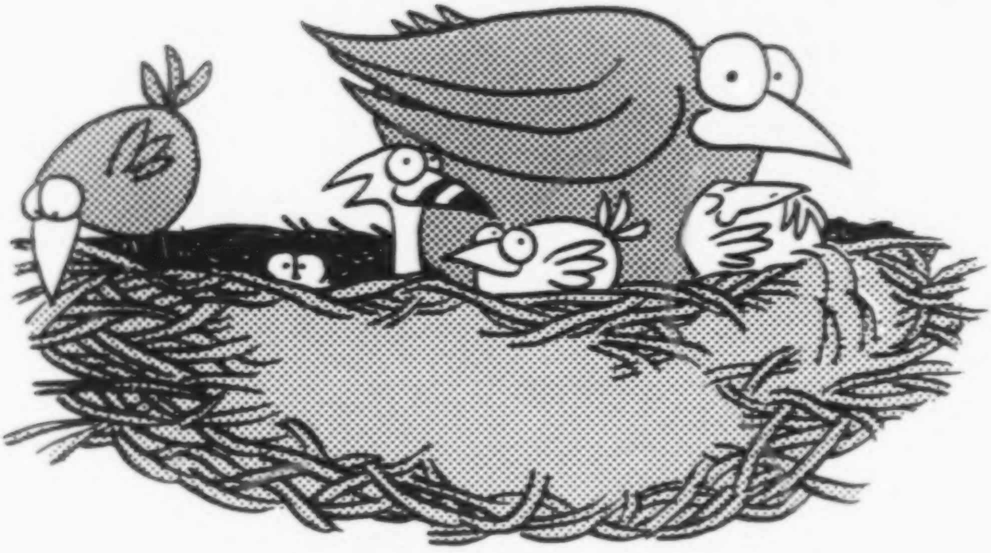
Home Based Training Resource Handbook



Edited by Debra Fish

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It is very difficult to give full and complete credit to all the individuals who have contributed to the materials in this book. The resource materials have been written and revised by many people whose commitment to quality child care through the provision of quality training for caregivers cannot be overstated.

The originial philosophy and many of the original materials in this Handbook were developed by Kathleen McNellis, Project Coordinator and Sally Kilmer, Child Development Specialist, as part of the Ramsey County Family Day Care Training Project (1973-74). Other staff members of this Project also contributed a great deal to the original development of the training materials.

The transformation of the early materials into a shareable handbook proved to be a challenging assignment. The Training Staff of Toys 'n Things Training and Resource Center worked very hard to combine their collective experientially based expertise with theoretically sound child care and development information appropriate for caregivers. The staff met many times to review and react to drafts in order to make certain that the methods and content included in the Handbook accurately reflect training procedures which have proven to be most successful.

We are particularly grateful to Debra Fish, Training Coordinator, who accepted the challenge of committing this final draft to paper. Her patience with the painstaking tasks of planning the format, editing the work of other writers and coordinating the production details has been remarkable. She has also contributed much original thought and writing to the Handbook, particularly in the introductory sections and the units Your Home: A Place for Learning and Self Esteem in Young Children.

Other sections of the Handbook which are primarily the work of single authors include the following:

"The Acceptance of Parents". Rita Warren. Reprinted with permission by NAEYC.

"Early School Years". Erna Fishaut.

Family Day Care: A Look Inside Your Day. Jane Klag.

"Family Day Care is a Business Also". Charlotte Peterson.

Growth and Development of Infants and Toddlers. Audrey Robertson.

Guiding Behavior of Young Children. Sharon Stoltz.

"Infants and Toddlers". Erna Fishaut.

"Margaret". Reprinted with permission by the Hennepin County Family Day Care Association.

"Observation: What Does It Mean". Reprinted with permission by the Austin Early Childhood Special Education Department.

"The Pre-School Years". Erna Fishaut.

"Sample Letter to Parents". Elizabeth Joyce.

"Selected Bibliographies". Compiled by Renee DeMars Johnson, Beth Overstad and Debra Fish.

Toy Supplement. Kathy Olson and Sharon Stoltz.

Credit and appreciation is also due to the following training staff members whose hard work and contributions have greatly enhanced the value of this Handbook.

Diane Bauer, Family Day Care Trainer
Jane Klag, Family Day Care Trainer
Janice Peroutka, Family Day Care Trainer
Joanne Peterson, Family Day Care Trainer
Audrey Robertson, Family Day Care Trainer

We also thank the professional trainers, family day care providers and proof readers who reviewed various parts of the Handbook for content clarity and accuracy. In particular we thank Audrey Robertson and Emma Linderman who thoroughly reviewed the entire Handbook. We are especially grateful to Jim Schumeister who did the title page drawings and to Connie Koroglu who drew the illustrations in the units Your Home: A Place for Learning and Growth and Development of Infants and Toddlers. We are also grateful to the following individuals who typed the many working drafts as well as the final copy; Jeanette Coy, Mary Ganyaw, Zona Ivory, Connie Koroglu and Sandy Votel.

Laurel Goulding, Coordinator
Minnesota Project for Child
Development In-Service Training

Introduction

1. BACKGROUND
2. RATIONALE AND METHOD FOR HOME BASED TRAINING
3. HANDBOOK ORGANIZATION

1. BACKGROUND

This Handbook is intended for use by professionals and trained paraprofessionals in the training of family day care providers, in-home caregivers and to some extent foster parents. It is designed to be used on a one to one basis in a caregiver's home. It also works well for small groups and in other informal learning situations.

The training materials in this Handbook were initially developed by the staff of the Ramsey County Family Day Care Training Project.[1] Through this project a program of home based training and toy lending library services was initiated for family day care providers. The project was staffed, to a large extent, by former family day care providers who had been carefully selected and trained to be peer teachers. Following the two year demonstration phase of this project, funding was secured to continue and expand project services through the establishment of a non-profit agency, Toys 'n Things Training and Resource Center, Inc., now Resources for Child Caring. The training materials were frequently updated and revised as they continued to be used in the training of Ramsey County caregivers. In 1976-77 funding became available through the Minnesota State Project for Child Development In-Service Training[2] to refine the training materials so they could be shared with other similar training programs in Minnesota and throughout the U.S.

[1] Jointly sponsored by the Ramsey County (Minnesota) Department of Public Welfare, the Minnesota Department of Public Welfare and the Greater St. Paul Council for Coordinated Child Care; administered by the Office of Career Development, Center for Urban and Regional Affairs at the University of Minnesota. The primary source of funding was Title IV-A of the Social Security Act, 1973-74.

[2] Hosted by Toys 'n Things Training and Resource Center, Inc., co-sponsored and funded by the Department of Education - Vocational Technical Division, the Department of Public Welfare and the St. Paul Area Vocational Technical Institute.

2. RATIONALE AND METHOD FOR HOME BASED TRAINING

The rationale for developing and continuing a home based training program includes the following:

- *Home caregivers, by the nature of their work, are home bound. Conventional training opportunities are therefore often inaccessible to them.*

- *While home care for children is the most widely used form of care, it has the least formalized system of quality control. In general, regulations have concentrated only on factors related to the home and not the capabilities of the caregiver.*

- *Many formal training programs do not address the specific tasks or needs of persons providing child care in the home. These programs tend to focus either on parent education or training for day care center/nursery school staff.*

- *Formal training programs also frequently do not respond to the unique characteristics of home caregivers including their heterogeneity in terms of age, educational background and experience.*

- *Attitudes among some caregivers such as "parenting abilities come naturally" or "I raised my own children okay," often lead to an aversion by these caregivers to enrolling in traditional training programs.*

The training materials in this Handbook reflect a non-threatening questioning rather than authoritarian approach to training. The beliefs inherent in this type of training include the following:

1. Learning is more effective when designed to meet the self-identified needs of the learner.

2. Learning is more effective when it is goal oriented.

   The training needs assessment and the initial interview are designed to help the caregiver identify and clarify her own needs, interests, and goals relative to child care. She will be a more enthusiastic learner if she sees the training units to be of personal benefit.

3. Individual change and growth is facilitated by another's understanding and acceptance of individual values, feelings, and experience.

   The training units are designed to build on the values and experiences of caregivers rather than to convey a "this is how it should be done approach". Unless the caregiver feels her own childrearing values are acceptable, she will not take the risk to assess those values or work on improving child care practices.

4. Growth is a result of increasing awareness of one's own values and experiences based on previously known information

or newly learned information.

The training units have a two-pronged approach. The first is to help the caregiver analyze her child care practices and beliefs in order to help her grow from her own experience. The second is to present additional information which will provide alternative ways of viewing or interacting with children in her care.

The goal of the trainer then is to:

1. Support the caregiver and reinforce her child care capabilities.
2. Foster a problem solving approach to the care and education of young children.
3. Increase the caregiver's awareness of her own attitudes and practices related to child development and child care including how these attitudes and practices impact the children in her care.
4. Introduce the caregiver to alternative ways of viewing and/or interacting with day care children and their families.

The role of the trainer then is to assist, support, and provide information based on the needs expressed and to interact with each caregiver in a constructive growth producing manner.

3. HANDBOOK ORGANIZATION

The home based training materials consist of information and materials necessary for establishing a training plan (training needs assessment and initial interview) and nine training units and a supplemental unit on toys. Each unit includes information and suggestions for the trainer. These are printed on gray pages and would be beneficial to review before beginning training. Also included on gray pages is the Selected Bibliography for each unit. The bibliographies include books, filmstrips, pamphlets and other resource materials appropriate to the unit topic.

The core of each unit is printed on white paper in a format that can be reproduced and used directly with caregivers in training. It is divided into several sections so that only one or two sections of the unit need to be presented at one time to the caregiver or sections of some units can be used in conjunction with other units.

The page numbering of the Handbook is for your ease of reference only. It should not be interpreted to mean that this is the order that the training units should be presented to the caregiver. Selection of the units, unit sections, and their order of presentation should be based on the mutually established training plan.

To avoid the multiple use of pronouns (he/she, etc.) we chose to use the masculine gender to refer to the child throughout some units and chose to use the female gender to refer to the child throughout the other units. In all units the pronouns she and her are used to refer to the caregiver and trainer when necessary.

Introduction to Each Other: Trainer and Caregiver

1. INITIAL CONTACT
2. TRAINING NEEDS ASSESSMENT
3. INITIAL INTERVIEW
4. SUMMARY OF TRAINING UNITS

GENERAL BIBLIOGRAPHY

INTRODUCTION TO EACH OTHER: TRAINER AND CAREGIVER

1. INITIAL CONTACT

There are several steps that you as a trainer will need to take before you begin to provide training for caregivers. The first will simply be getting in touch with caregivers to let them know the kinds of training opportunities available in the community. It is suggested that you work out a system for obtaining names of caregivers with the governmental unit which licenses or certifies home day care in your community. We have found their support and cooperation imperative in helping increase caregivers' awareness of the need for and benefits of child care training as well as for continued funding.

In Ramsey County, we receive a monthly list of newly licensed caregivers and an updated list of all licensed homes. We routinely send newsletters, training announcements and other related information to all caregivers. In addition, we send a special introductory letter to all the newly licensed caregivers. The amount of information we include in the letter varies according to the amount of information regarding our training services that the caregiver has already received in the licensing process. Two sample letters are included.

Resources for Child Caring, Inc.
906 N. Dale Street
St. Paul, Minnesota 55103
612-488-7284

Strengthening families by improving the care of young children

Dear

Resources for Child Caring welcomes you to the child care community. Ramsey County Welfare Department has informed us that you recently received certification to care for children in this county. We want you to know some of the services available to you through our organization.

Our main purpose is to provide training and resources to child care providers that will be of use to them in providing quality care for children. Our training opportunities are many and varied. They include in-home training (on a one-to-one basis), training in small groups (the children are cared for by a nursery school teacher), and classes and workshops which provide vocational credit. We also have a Learning Resource Center which includes a toy lending library (over 3,000 toys available to be checked out), books, records, a co-op store for inexpensive art supplies, and a Recycle Center with materials to be used in creative art and science projects.

Membership with Resources for Child Caring for certified caregivers costs $15.00 for one year. This membership entitles you to a number of services, including all training at the member rate, a monthly newsletter, discounts on toys and books from outside companies such as Childcraft and St. Paul Book & Stationery, and membership in the Family Day Care Association. Membership in the lending library is available at a small additional cost. Training for certified caregivers is not required, but is beneficial for enriching your relationship with the children in your care and in aiding them in their development.

I am the Family Day Care Trainer in your area and will be calling to talk with you about training opportunities in the community and how we might be of service to you.

Sincerely,

Family Day Care Trainer
Resources for Child Caring, Inc.

Resources for Child Caring, Inc.
906 N. Dale Street
St. Paul, Minnesota 55103
612-488-7284

Strengthening families by improving the care of young children

Dear

Resources for Child Caring welcomes you to the day care community. We are here to serve you. In order to accommodate individual differences and interests, we offer training both to meet the six hour minimum training requirement and to provide continued training for those who have additional interests.

I am the Family Day Care Trainer in your area and will be contacting you to discuss our services and other training opportunities available to you in the community.

If you have any questions, please call 488-7284.

Sincerely,

Family Day Care Trainer
Resources for Child Caring, Inc.

2. TRAINING NEEDS ASSESSMENT

We follow the initial letter with a phone call to the caregiver, requesting an opportunity to visit with her and explain training options. This visit is called a training needs assessment.

The major purposes of the training needs assessment are:

- *to mutually assess training needs and to establish a plan to meet those needs.*
- *to help the caregiver become aware of the benefits of training and to increase her desire for developing additional skills in providing care for children.*
- *to make the caregiver aware of training opportunities available in the community.*
- *to help the caregiver feel a part of the day care community and related organizations and to enhance her occupational self-image.*

When you are planning your training program, you should first become aware of licensing, certification, and training requirements for child care in your community. In most cases it is essential to know this in order to help the caregiver determine the kind of training which will best meet her needs and will comply with local regulations. It is also quite common that the newly licensed caregiver does not completely understand licensing and other regulations.

You should also identify those resources in the community which provide training opportunities and related support services for caregivers. Examples are Red Cross training programs, child related classes provided through local community adult education programs, local, private and public two or four year colleges, local health services, agriculture extension programs and in-service programs through the local child care council, Head Start, Home Start, or Montessori Schools. Caregivers should be given a wide exposure to an ample variety of training resources so that those of every educational level will find a type of training with which they can feel comfortable.

When reviewing training opportunities, including those opportunities in the community as well as those available through your own agency or organization, it is important to help the caregiver choose training that meets her limitations as well as needs. You and the caregiver should mutually assess such factors as family situation, time available, transportation available, child care while the caregiver is receiving training, personal interest, educational background, and occupational goals.

The training needs assessment is particularly significant because it is the first contact between you and the caregiver. Not only is your genuine concern, friendliness and empathy important, but your enthusiasm for training and quality child care will encourage the caregiver to feel enthusiastic toward both training and her occupation. By the end of the training needs assessment, the caregiver should have identified for herself the type and means of training she will obtain.

3. INITIAL INTERVIEW

If a caregiver decides, following the training needs assessment, that she would like to receive home based training, it is best to inform her then that the first session will consist of an initial interview. It can be further explained that the initial interview consists of some simple questions which will help you get to know her better. The questions will also help her look at what kinds of things she is already doing with children so that the subjects to be covered in home based training can be planned together. This is particularly important because the questions reflect different content areas for which training is available. At least two hours should be scheduled for the initial interview to allow plenty of time for sharing of information.

The major purposes of conducting an initial interview include the following:

- *It provides a relatively non-threatening tool for the trainer and caregiver to get to know each other and to begin to feel comfortable working together.*
- *It provides a tool to help the caregiver assess herself in terms of what she actually does with children and her own specific needs relative to training.*
- *The interviewing questions introduce new ideas to the caregiver, thereby providing training in themselves.*
- *It gives the trainer an opportunity to get an inventory of the caregiver's skills, attitudes and everyday practices and activities.*
- *It becomes a learning tool for the trainer - an opportunity to learn different methods or activities for working with children which can be passed on to other caregivers.*
- *It is the tool used to identify and plan the specific topics to be discussed in future home visits and is based on the rationale that training is more effective if it is directed toward the individual needs of the caregiver being trained.*

The most important factor in conducting the initial interview is that it be done in a non-threatening, non-judgmental manner. As a trainer you set the tone for the interview and should try to make it as comfortable as possible for the caregiver. The following tips have proven useful for conducting the interview in a comfortable and effective manner.

1. Demonstrate a genuine personal interest in the caregiver with some "getting to know each other better" conversation at the beginning. This is perhaps the best ice-breaker of all.
2. Let the caregiver choose where in her home she would most like to meet during the training sessions. (If you are asked your preference, we have found the kitchen table works best.)

3. Thoroughly explain the reasons for conducting the interview, emphasizing the fact that there are no right or wrong answers. The caregiver should be assured that the information she shares will be kept confidential, and that though you may be taking notes any of the materials can be returned to her when home based training is completed.

4. Sometimes caregivers feel uncomfortable because they are unsure of what you expect them to do with the children while you are there. One way to alleviate this concern is to simply explain to her at the onset that you understand the children are her first priority and that you can fit in between caring for them. If she seems to think that you do not have time for the children, or that you expect them to be seen and not heard, spend a few minutes talking and playing with the children to alleviate this fear. If, however, the children do not seem to have enough to do and are constantly demanding attention it may be necessary to suggest to the caregiver that she take time out to give them something to play with while you are talking. You may in the future want to bring activities or toys for the children to play with while you are there. This often serves the dual purpose of providing a model for the caregiver as well as involving the children in an interesting activity.

5. You will need to be thoroughly familiar and comfortable with the questions in the initial interview in order to help the caregiver feel comfortable. You also need to be prepared to explain or give examples for questions the caregiver has difficulty answering. She may not understand the terminology or be clear of what is expected from her. If it seems to be new information for her, explain briefly and plan to work on it later.

6. It must be clearly understood that the initial interview is not the appropriate time to begin actual training. You may find it difficult not to offer corrective or alternative information or an alternative personal opinion in response to a caregiver's answer during the initial interview. If this is done, however, this will quickly convey the message that the initial interview is, in fact, a test with right or wrong answers and will certainly result in the caregiver being less open and less willing to share information during the interview process. Although this cannot always be avoided (if the caregiver asks you direct questions), you need to strive toward being viewed by the caregiver as a supportive resource person with information helpful to her regarding the care of children. Statements such as "maybe that's something we can explore in one of our sessions," or "I have some information I can bring on that topic if you're interested," are helpful in these situations.

7. One of the things which will become quickly apparent to you as a trainer working in others' homes is the differing values, lifestyles, educational backgrounds, housekeeping standards, and income levels of caregivers. These differences will become increasingly apparent through the initial interview. This is mentioned

just to remind you that you will need to be conscious of your own values and to distinguish between differences that are simply differences and those which affect the quality care of children.

By the end of the interview the caregiver will generally have made enough of a self-assessment to know the topics which would be most interesting and beneficial for her to study during training. Most often the topics which the caregiver chooses for herself are similar to the ones you also see as areas of need. You may also, when necessary, guide the caregiver in topic selection with such statements as "I would suggest," or "I would recommend..." A written summary of the topics available for training is helpful in this process and aids in the development of a training plan.

INITIAL HOME TRAINING INTERVIEW

Trainer______________________________________ Date__________ Time__________

Caregiver_____________________________________ Telephone____________________

Address____
(Street) (Zip)

1. Number of children

Own	Ages	Day Care	Ages

2. Do any of these children have special needs such as mentally retarded, physically handicapped, undernourished, slow development, diabetic or other needs?

   If yes, what kinds of special things do you do to meet these needs?

3. Are there any other family members home during the times when your day care children are here?

   If yes, when are they here?

   What kinds of things do they do with the children?

4. When do the children usually arrive and leave?

5. When do the children usually nap?

6. Do the children have special times for free play? If so, when?

7. Do they have special times for more structured activities? If so, when?

8. Where in the house do the children play?

9. Where do the children usually play when they are outdoors?

10. Activities With Children
Most caregivers try to provide a variety of things for the children to play with, some of which we have listed here. You may or may not have them.

    a. Do they use art materials? (Crayons, scissors, paint, clay, play dough, paper, etc.)

    b. Do they play with table games or toys which exercise their small muscles? (Such as puzzles, Legos, Tinker Toys)

    c. Do they have large muscle toys for inside? For outside? (Climbing gyms, riding toys, wagons)

    d. Do they play in water? (Such as washing dishes, tubs for pouring water into various containers, etc.)

    e. Do they engage in dramatic play - pretend? (Using dress-up clothes, dolls, office materials, lunch buckets, puppets)

    f. In what other ways do they play with other household items or junk items? (Such as pots and pans, measuring cups, paper towels, etc.)

    g. Do you read books or stories to them? (Such as library books, magazines, Golden Books, etc.)

    h. Do they have music activities? (Phonograph, records, instruments - homemade or others, radio)

    i. Do they have natural objects to observe and touch? (Such as shells, rocks, pets, plants)

    j. Do the children enjoy games without equipment? (Such as finger plays, counting games, storytelling, etc.)

k. Do they use tools or other construction materials? (For example, hammer, nails, pieces of wood, screwdrivers, etc.)

11. What do the children do to help you around the house?

12. Do you and the children discuss interesting things around the house? (For example, what makes the house warm in the winter or where does the water come from?)

13. Why do you think children like to explore, touch and experiment with new things?

14. Which TV programs do the children usually watch during the day?

15. How do you follow up on what the children have seen on TV?

16. Do you and the children have any opportunities to go places together? (Such as walks to a park, grocery store, library, or watching neighborhood construction, etc.)

17. When do the children usually have meals and snacks?

18. How do the children participate in meal times?

19. Which foods do the children seem to like?

20. Which foods do the children dislike?

21. What sort of precautions do you take for the children to insure their safety?

22. What sort of safety rules must the children follow?

23. How do the children get along with each other?

24. How do you handle it when the children don't do what they are supposed to?

25. How do you think children develop a picture of themselves? (What do they say about themselves, what do you and others tell them?)

26. Children's feelings about themselves are often reflected in their behavior. What kind of behaviors have you noticed that you think shows how a child feels about himself?

Infants and Toddlers

27. Do you usually hold an infant when you feed him?

28. What kinds of things have you found to encourage children as they learn to feed themselves?

29. When do you use a playpen with infants and toddlers?

30. At what age do you think a baby will become "spoiled" if picked up each time he cries?

31. Where do your day care infants and toddlers spend most of the day?

32. Do they get outside every day?

33. What do the infants do when awake?

34. What do they play with? (Crib mobile, rattle, mirrors, voice, fingers and toes.)

35. At what age have you noticed that babies start to babble and imitate?

36. How often during the day are you able to hold, rock, cuddle or play with the infant(s) or toddler(s) in your care?

37. What seems to help encourage children when they are just about ready to crawl?

38. How do you prefer to toilet train a toddler? At what age?

Working In Day Care

39. How did you happen to decide to do day care?

40. How does your family feel about your doing day care?

41. How do you manage to get your housework done and still take care of day care children?

42. What do you think are the most important things a caregiver can do for the children in her care?

43. What kind of relationship do you prefer to have with a child's parents?

44. Since child care is a private business, what kinds of records do you keep?

45. Do you know the proper procedures to follow if you suspect child abuse or neglect? (Minnesota law requires that any suspected cases of child abuse be reported to the appropriate authorities.)

The following topics can be discussed during home based training. (See Summary of Home Based Training Units.)

4. SUMMARY OF TRAINING UNITS

The available training units and a brief description of each are listed below. You and your trainer should decide which areas would be most helpful and beneficial for you to discuss and learn more about.

Family Day Care: A Look Inside Your Day

This unit covers many of the common concerns and problems experienced by newly licensed or beginning family day care providers. The topics include common problems (such as communicating with parents and adjustments the family day care provider's own family has to make); planning and time management; recognizing the family day care provider as a working mother; and the finances of family day care.

Observation of An Individual Child

Observing and keeping a record of children's behavior is one way to gain insight into what they do as well as why and how they change over a period of time. It will help you become more objective in interpreting and dealing with children's behavior, and help you plan for the individual needs of each child.

Growth and Development of Infants and Toddlers

Recent research and study has shown that the first three years of a child's life are of crucial importance to the child's later development. This unit provides information on babys' needs from caregivers, how they grow and develop and toys and activities for infants and toddlers. Additional readings about infant/toddler health, discipline, feeding and toilet training are also included.

Ages and Stages of Child Development

As children grow and develop, they behave differently at different ages. The purpose of this unit is to help you know more about how children at each age behave, why they behave in such a way, and what activities are appropriate and fun for children at each age.

Your Home: A Place for Learning

It has been shown that the most important factor in helping children learn is the home environment. The purpose of this unit is to give you information on how children learn and to point out how you as a caregiver influence children's learning. The unit covers learning activities and ways of arranging home space and play areas for children.

Guiding Behavior of Young Children

In order for children to gain self-control and to develop into happy and responsible adults they must have effective guidance from their caregivers. This unit provides information on positive techniques to use when disciplining and guiding the behavior of the children in your care.

Self-Esteem in Young Children

There are many things which influence how children feel about themselves and their abilities. The purpose of this unit is to give you an understanding of the influence you have on the children in regard to their self-concept and to give you some suggestions for helping children develop self-esteem.

Health and Safety

This unit is designed to help you maintain the health and safety of the children in your care. It includes emergency procedures, first aid, record keeping, ways of avoiding accidents, recognizing illnesses and information on caring for the sick child.

Parent and Caregiver: Developing a Positive Relationship

For the sake of the children and your own enjoyment of day care, it is important to develop a positive working relationship with the parents of children in your care. This unit provides information and suggestions for developing good communication and understanding between you and the parents, sample contracts and policies, and possible solutions to problems which may occur with parents.

Toy Supplement

This includes supplementary information on using toys, selecting toys and toy safety. Any of this information can be used as part of your training on the other unit topics.

GENERAL BIBLIOGRAPHY

Family Day Care

The following books and other printed materials deal with many aspects of family day care. They are recommended for both the trainer and the caregiver to supplement all units in the Handbook. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection. Other resources related to specific unit topics are listed in the Selected Bibliography at the end of each unit.

Alston, Frances Kemper. Caring for Other People's Children: A Complete Guide to Family Day Care. University Park Press, 1984.
Available from the publisher, 300 North Charles Street, Baltimore, MD 21201. ($14.95). (This book has recently been released and has not yet been reviewed by the staff of Resources for Child Caring.)

Child Care Resources, Day Care Fair, Inc.
Monthly training publication for family day care providers. Order from Day Care Fair, P.O. Box 324, Mound, MN 55364.
(Subscription $15.00/year).

Child Day Care Program Guides. 1976.
Available from Child Day Care Program Guides, DHMH, Preventive Medicine Administration, P.O. Box 13528, Baltimore, MD 21203. ($4.00).

Child Development Day Care Handbooks. U.S. Department of Health and Human Services. 1971-1974.
Order from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Payment must accompany order.
Vol. 2: Serving Infants 017-091-00164-2 ($5.00).
Vol. 3: Serving Preschool Children 017-091-00196-1 ($6.50).
Vol. 4: Serving School Age Children 017-091-00165-1 ($5.00).
Vol. 5: Staff Training 017-091-0016304 ($4.50).

Coming to Terms: A Basic Guide to Child Care Agreements for Parents and Providers. Toys 'n Things Press, 1984.
Available from the publisher, 906 North Dale St., St. Paul, MN 55103 (Price unavailable).

Day Care, Families and Stress: A Day Care Provider's Guide. Texas Department of Human Resources. Publication Number 0956.
Order from: Distribution Coordinator, Media Services Division 151-X, Texas Department of Human Resources, P.O. Box 2960, Austin, Texas 78769. ($7.00).

Murphy, Karen. A House Full of Kids. Beacon Press, 1984.
Available from Harper & Row, 10 East 53rd Street, New York, NY 10022 ($9.95). (This book has recently been released and has not yet been reviewed by the staff of Resources for Child Caring.)

GENERAL BIBLIOGRAPHY (Continued)

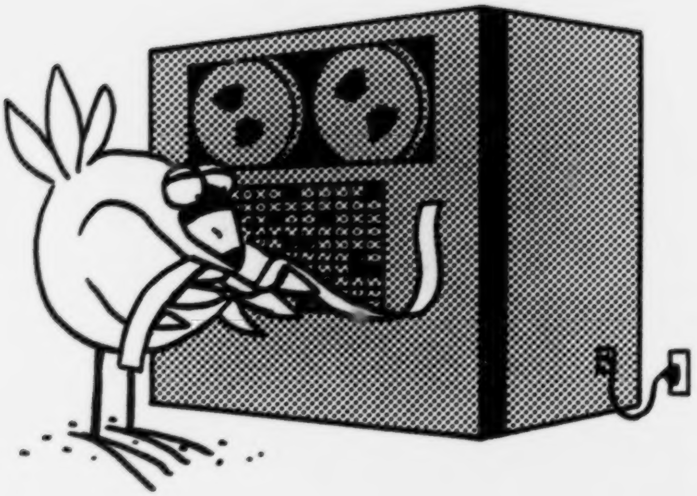
Potpourri of Child Care and Development Pamphlets. Toys 'n Things Press, 1979. A sampling and directory of excellent, inexpensive pamphlets on a variety of child care topics.
Available from Toys 'n Things Press, 906 North Dale St., St. Paul, MN 55103 ($14.95).

Scheffler, Hannah N. Resources for Early Childhood: An Annotated Bibliography and Guide for Educators, Librarians, Health Care Professionals and Parents. Garland, 1983.

Squibb, Betsy. Family Day Care: How to Provide It In Your Home. The Harvard Common Press, 1980. ($6.95).

VIDEOCASSETTES

Spoonful of Lovin'. Mile High Child Care Association, 1981.
Distributed by Agency for Instructional Television, Box A, Bloomington, IN 47402. Five videocassettes, 30 minutes each. Color. One trainer's guide. $775 set; $180 each. Rental $35 each.
Program 1: A Gourmet Guide to Family Home Day Care.
Program 2: Starting from Scratch (Development: Birth to Three Years).
Program 3: Natural Ingredients (The Preschool and School-Age Child).
Program 4: A Recipe for Happy Children.
Program 5: A Good Measure for Safety.



Family Day Care: A Look Inside Your Day

INTRODUCTION

1. COMMON CONCERNS
2. HINTS FOR MANAGING TIME
3. YOU ARE A WORKING MOTHER
4. THE FINANCES OF FAMILY DAY CARE

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

The major goal of this unit is to help newly licensed or beginning family day care providers understand and become prepared for some of the problems that can arise in the demanding occupation of caring for others' children. Many of these problems occur because individuals choosing to become family day care providers often do not take several important related matters into consideration when they make this decision. These "related matters" include personal issues such as how doing family day care will affect the provider's own family and business issues such as time management, planning ahead, budgeting, record-keeping, and communicating with the children's parents. These personal and business issues sometimes overwhelm beginning providers causing them to become very discouraged. Some may quit or the care of the children may be affected adversely. The purpose of this unit is to help the provider deal with these initial concerns and problems so that she can more fully undertake and enjoy her job of caring for young children.

As a trainer, you will be dealing with many different day care providers who will have various problems. Some of the issues brought up can be dealt with in a number of different ways. It is best if the provider comes to her own conclusions about how to handle various situations that arise. In addition to being based on sound child-rearing practices, the solutions that a provider chooses should be based on her own values, her notions about how she wants to run her business, and according to her own style of operating. If the provider comes to her own conclusions it will enhance her self concept when the solution works. If the solution does not work she will not be able to blame the trainer. Therefore, you as the trainer can help the provider by suggesting a number of alternatives and then letting the provider choose the course of action. Following is a list of some common problems and some possible solutions you may wish to think about while working with a provider on this unit.

1. Developing realistic expectations. Many family day care providers begin family day care thinking that caring for a few extra children will not be much more difficult than caring for their own. However, once started they may find the hours are long, it is difficult to get breaks, and often the more children she has the more physically and emotionally demanding day care becomes. The provider's lack of adult contact, the lack of time for herself, and her need for support are other considerations that may need to be discussed.

2. Handling family problems. Many providers find that their time with their own family is reduced. The family, whatever the make up may be, must make some compromises in sharing their home with day care children. Family discussions on the impact of day care and making individual adjustments are necessary. You, as the trainer, will want to help the provider separate the feelings that the family is experiencing about the new arrangements and the actual intrusions that are taking place.

3. Managing time effectively. Providers often don't realize that many of the problems which arise in caring for groups of children, often a variety of ages, can be solved by managing their time more effectively.

Ideas for effective time usage include making and prioritizing lists, planning activities, planning meals and snacks, evaluating the use and location of the telephone, and making use of community resources such as library story hours, playground activities and special events at shopping centers and malls.

4. Finding private time. One of the hazards of family day care as an occupation is that the provider often has little or no time for herself or for other adult contact. This is especially true if the provider has young children of her own. One alternative for finding private time is to locate another day care provider in the neighborhood who can be a substitute for the Provider either on a regular basis or at special scheduled times. Another possibility is using naptime or a portion of it for herself.

5. Recognizing that family day care generates a supplemental income. Often people go into family day care expecting to clear more income than actually happens when expenses are accounted for. Some helpful hints on how to stretch day care income are saving all receipts for accurate record keeping, taking a tax clas, being aware of all additional expenses related to day care, joining the U.S.D.A. Child Care Food Program, forming contracts with parents, establishing regular rates, and budgeting.

6. Taking into consideration the age and size of the group. A beginning provider is often not aware of the difficulties that may arise and the solutions that may be found by adjusting the size of the group and carefully planning for the ages of the children in the group. The Provider should be encouraged to make conscious decisions about the size and composition of her group. A Day Care Provider may decide to stick to one age range or if she prefers a diverse age range, she may wish to specify the age of the children desired to fill openings so that the group remains balanced. It may be good to set policies, e.g., include only one or two children in diapers at one time, or no more than two toddlers, etc.

In the unit that follows you will find readings, suggested forms for daily planning, and for meal and snack planning. The filmstrip Make Room for Children is also available and is an excellent supplement to the unit.

The readings cover all of the issues listed above, some to a lesser degree than others. Some of the matters can be better handled by referring the Day Care Provider to a reading in other units such as Your Home: A Place for Learning and contracts in the Parent and Caregiver unit which would be helpful for some.

The first reading, Common Concerns discusses problems and concerns frequently experienced by beginning providers. The second reading, Hints for Managing Time addresses the planning that must go into each day of family day care. It includes suggestions and some forms that can be used for daily activities as well as forms for planning meals and snacks. It leads very nicely into the third section, You Are A Working Mother, which talks about the issue of working mothers with preschool children. Although Family Day Care Providers are at home, they are nevertheless working full time and the problems they face are very nearly the same ones as the mother working outside the home. There is a comparison chart weighing the benefits and disadvantages of working in the home and working outside the home. The last section, The Finances of Family Day Care, discusses the income of family day care. This reading suggests that keeping accurate records, saving appropriate receipts, and planning can increase the Provider's net income.

The filmstrip Make Room for Children lends itself well to this unit because it, in part, addresses itself to the problems that may arise with the family day care provider's own family and provides some ideas for arranging the home to accomodate caring for young children.

FAMILY DAY CARE: A LOOK INSIDE YOUR DAY

As you begin your work as a family day care provider you will find that this job is both very rewarding and very demanding. You will find it provides many opportunities to experience the joy and satisfaction of working with young children. You will also find that it demands a great deal of you personally; your time, your emotional strength and your planning and organizational skills. This unit provides information and suggestions about how to handle some of these demands on you and your time. It also deals with many of the common concerns and problems that beginning family day care providers have. It is hoped that by thinking through and finding some solutions to these initial concerns you will be able to more fully undertake and enjoy your job of caring for young children.

Some of the topics that will be covered in this unit are (1) developing realistic expectations of what a career in day care will mean; (2) handling time management problems; (3) exploring alternatives for finding time for yourself; (4) addressing the amount of income that can reasonably be expected; (5) dealing with the delicate mix of your own family and your day care family; (6) defining whether a specific age group or a mixed age group is best for you to work with.

1. COMMON CONCERNS

Since beginning family day care you have probably experienced some joys and some upsets. Much of the happiness that goes with this career you have most likely considered. After all, it is because you think that you will like this type of work that you have decided that day care will be your job. You probably enjoy your own children and want to share more with other children. This reading, however, will address four aspects of your career that are perhaps not as pleasant or may cause you some initial problems. Its purpose is not to bring out all the negatives, but rather to point out some things that you should be aware of so that you can handle problems and avoid becoming discouraged.

1. Working with Parents

Working with the parents of the children in your care can be one of the most enjoyable parts of your job and/or one of the least enjoyable parts. The problems that usually arise in this area result from poor communication between parent and provider. It is best to decide ahead of time what your rates will be, what hours you will be open, and what you expect for vacation and sick days. Your initial interview with the parent should spell these expectations clearly. Some providers find it very useful to use a contract so that it is all on paper. These issues are addressed in the unit Parent and Caregiver: Developing A Positive Relationship. If these are concerns, review that unit with your trainer, another provider or your licensing worker, Remember, it is to the child's benefit to have an open and caring relationship between the parents and the day care provider.

2. Finding Adult Contact.

If you are alone with children all day you may not see anyone taller than 3 feet from 7:00 a.m. to 5:00 p.m.. The need to see adults can be very strong at times. Some arrangements can be made to get together with another day care provider one day a week, and while your children enjoy the new children, you can enjoy each other. You may want to consider working only a four day week and have one whole day to yourself to do things with other adults. Or you can just make very good use of the time you do have with adults so that the need is lessened. You can make use of community resources where you will at least be with other people. The public libraries and parks have numerous activities for children that your whole group can enjoy. In some areas there are meetings specifically designed for day care providers to get together for discussions, find out if there are such meetings in your area.

3. Awareness of Your Own Abilities.

Many frustrations can be avoided if you define and stay within your own limits. Keep the ages of the children within the range that you are comfortable. Also, you have to keep the size of the group to one that is manageable for you. It will take awhile for you to see what age and size group you find the most comfortable. And it will change too, as you become more competent and experienced. There is no magic answer to the best size or the best age group. It varies with the children and with the day care provider.

4. Your Family and the Day Care Family.

Talk things over with your family. You may not be able to please everyone, but it helps tremendously to know how people feel. They have to share your time and their house and their toys and that can be very difficult. "*In many ways, planning for day care children is like planning for guests. It requires the same kind of bending of routines and space and activities without breaking down your own family life. It requires thoughtful and respectful attention to the others' wishes and needs. It may require small compromises for both your family and the day care children, in order to safeguard your family's integrity so that you can make the larger gift of the sharing of your family's life.*"[1]

For smoother sailing, then, give serious thought to these considerations: (1) your rates, hours, and vacation; (2) your need for adult contact; (3) what ages are best for you; (4) what size of group you can best care for; and (5) what special adjustments you may need to make with your own family.

Have you decided what your rates and hours will be? What are they?

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[1] Warren, Rita. Make Room for Children a filmstrip produced by Toys 'n Things Press, 1977.

What arrangements, if any, do you have for finding adult contact?

What age group are you most comfortable with? Why do you enjoy this age group?

What adjustments has your family made since you have started in day care?

What other ideas might you implement to make day care in your home go even smoother?

What do you find most exciting about doing day care? And what do you find most difficult?

2. HINTS FOR MANAGING TIME

You will find that your days will go smoother and will be more enjoyable if you begin planning your time. Your plans may be just in your head or detailed on paper, but they need not be complex. Whatever form they are in, they should be flexible and should help you know what you basically will be doing with the children during various segments of the day. Following are some ideas for planning and managing time.

Develop a routine. Children understand doing things in a certain order. They, as well as adults, depend to some degree or another on routines. These routines are easier to understand and easier to remember than clock time. Whether you care for a large group or only one child you will find that the children respond best to some sort of orderliness.

For example, after the children arrive in the morning you may play outside followed by cleaning up of outside toys, going to the bathroom, washing up, then morning snack. After snack the children might engage in a quiet activity or go for a walk, then lunch, nap, snack, and outside play again, and so on. . . Gradually everyone will learn what comes next even though none of you do exactly the same thing every day.

Plan Activities. Planning activities is extremely helpful when caring for children of any age. You need not feel like you are expected to be a "teacher" but planning ahead of time can prevent the frustrated feeling of "what do I do with these kids, now?" In fact, not only can planning prevent this feeling of frustration, it can help make your day far more enjoyable.

When planning your activities think about the activities you like and you enjoy. There should be time planned each day for you to participate with the children. If you like cooking, then a cooking activity should be planned one day. If you like painting, walking in the park, listening to music, or block building, then plan for these activities. Enjoy these activities yourself and then think about how the children are learning and benefiting from these activities as well.

It is also important to keep the age and interests of the children in mind when planning activities. There are many useful resources which give suggestions about activities for children of different ages. However, you can also choose appropriate activities by simply observing carefully the childrens interests. Children usually indicate during play whether they like pretend play, creative art activities, puzzles, jumping and running outside or whatever.

When thinking about activities it is also helpful to have some "no-fail" activities that can be made readily available at a moment's notice. "No-fail" activities are the ones that children really enjoy, and keep children occupied for a substantial period (if they are not used so much that the children are tired of them). Some possible examples of these activities are water play, sand play, play dough, dress up clothes, and blocks. Keep some of these activities in mind to help you on the days that are not going as well as expected.

Daily chores are often not recognized for their educational value. They can, however, be very beneficial and enjoyable to the children. For example, a color sorting activity can be made out of sorting laundry. A left - right activity can be made of setting the table, "The fork goes on the left, the knife and spoon on the right." When planning your day, think about how the children can help you. This will help them feel important and worthwhile.

When planning activities, keep in mind your needs as well. Activities that require little of your direct involvement are excellent for early morning drop off and late evening pick up times. Stories, music or other activities that involve the entire group are good things to plan for the transition periods of the day; before snack, lunch, naptime, etc.

To summarize, keep the following in mind when planning: (1) What activities do you enjoy? (2) What activities fit the ages and interests of the children? (3) What are your "NO-FAIL" activities? (4) What daily chores can be turned into a special activity for the children? (5) What times are best for the children to play alone and what times are most convenient for you to play with them?

Some days no matter how well planned will be difficult for you. Children need to know when you are not feeling well. If you are honest with them they will learn to respect your feelings and mood swings. To help them understand, tell them why you may not be as easy to live with that day.

The following chart or one similar (make one up) will be helpful for developing your plan. Other units Ages and Stages of Young Children, Your Home: A Place for Learning and Growth and Development of Infants and Toddlers contain many suggestions for specific activities.

ACTIVITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Storytime - Books I must get from shelf or library					
Art activities - What I need to get and prepare					

Special activities for younger children					
Activities for school agers					
Special outdoor activities					
Cooking Projects perhaps not every day					
Myself - Naptime and/or evening					
Special Activities for special times of the day: Arrival, pick up and transitions					

Make a list. Some day care providers have found it helpful to make lists of what they expect to accomplish that day and then putting the list in some kind of order so that the items of most importance are sure to get accomplished. These lists are also helpful for the little things that can be done with children or while the children are involved in a project that does not need your attention. Do not even try to accomplish major housework, sewing projects, or things of this nature while you are "on duty" with the children. If you do you may find yourself upset by the frequent interference. Also, do not set yourself up to now become the most organized, efficient person in day care. Work on accomplishing one or two tasks not on changing everything at once.

Watch your use of the telephone. The telephone may be your life line to contact with other adults, but it can also consume too much of your time. In most businesses, phone interruptions and long conversations are listed as the greatest time waster. If you feel you are not getting enough accomplished in the day you may want to limit your time on the phone. On the other hand, the phone may be a terrific break for you and be an important morale booster. In either case, think about how you use the phone and why and when it is most important to you. For example, you may want to save the long calls for naptime or at night. Be sure to get a long cord or a telephone that can move so that if you are caught in a conversation you can still see what is going on with the children. If you live in an urban area where it is available, you may consider having 'call waiting' installed so that emergency calls regarding the children can always come through.

Plan for meals and snacks. A real time saver is to have meals and snacks planned ahead of time for the children and for your own family. Planning ahead makes for a more efficient use of leftovers and also helps your budget and marketing list. Below you will find a useful form for planning menus for your day care children.

MENU WEEK OF________________________

	BREAKFAST	A.M. SNACK	LUNCH	P.M. SNACK
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Of course, don't forget the four food groups in your menu planning. You will find helpful information on nutrition in separate handouts. Ask your trainer or licensing worker for nutritious menu ideas. As a time saver you may also want to plan meals for your own family and set up a cooking schedule utilizing all capable members of your household in the kitchen.

Plan time for yourself. Something that must be mentioned when we talk of managing time is YOUR time. Time to do things for yourself, and if you wish, by yourself. Working with children all day can be very demanding and very draining; it takes a great deal of energy to keep up with children. It is essential that you find some time for yourself. You may want to find a relief person (college students available in some areas) for one afternoon a week. Although it may cost you something, you can consider it an investment in your business. If you have time for yourself you will be more effective the rest of the time you are with the children. If all the children you care for nap or rest at the same time, you may find this to be an adequate break. If not, you may perhaps take a little time in the evening if your husband or a friend can be with your own children.

In managing your time, remember a routine is very helpful, a basic plan for activities makes them run smoother and assures that you have the necessary equipment, menu planning is good for nutrition and your budget, and time for yourself will make you a happier, more receptive day care provider.

For the next week use the activity plan form and the menu and snack plan form and see how the forms work for you. After a trial period with these forms you may find that you want to adapt them for your own group and your own needs. Also, make your own list of no-fail activities, see if you can find some life savers to grab onto if the need arises.

3. YOU ARE A WORKING MOTHER

One of the problems of being a family day care provider is the dilemma of being at home, but in fact working full time. Family day care is a full time job (unless you only have children there part time). So, although you are at home, you still have the problems that are common to being a working mother. In fact you may feel you are in an even more difficult position because you do not come home to neglected housework, you watch your housework being neglected.

Below are some of the similarities between working full time in the home (day care provider) and working outside the home (the parents of the children in your care). Reading through it will help you understand some of the difficulties you share. On the other hand, since you have chosen to work in the home, there are many advantages that must not be overlooked.

Common Problems

1. Scheduling problems - It is difficult to visit friends, get to classes, attend meetings and take care of other responsibilities when you are tied up from 7 a.m. - 5 p.m. or longer.

2. Being locked into the job - When you have clothes to get to the cleaners, groceries to buy and a trip to the post office or bank that is a must, it can be very frustrating to feel you could get these things taken care of if you weren't working during the day.

3. Family responsibilities - Dinner needs to be cooked and there is not time to start it until the job ends - 5:00 or 5:30 p.m.. Your children still need time even if you've been busy all day. If you are married your spouse needs time too. If you are single your friends and social life demand attention.

4. Housework - The house continues to get dusty and cluttered and the wash still accumulates even though mom is at home.

5. Private time - You need to recoup your strength and think alone - but it can sure be hard to find.

6. Constant tiredness - Between the job, the family, the meals, and the housework, it seems like there is very little time for rest.

7. Consumes all your time - The job takes a generous portion of your day - so much in fact you hardly feel you have any time when you're not working anymore.

Advantages to Working in the Home

1. Working with children is very rewarding and challenging. When working with young children you have the rewards of watching them grow and develop and to see the difference you are making in their lives. Your job provides you a challenge and allows you to use your creativity. You are not confined to a dull routine that is sometimes a part of other jobs outside the home.

2. Being home with your own children. You are home with your children to see all "the little things". You are also there when they are ill or have accidents.

3. You write your own job description. You are your own boss, you have the advantages of writing your own job description and do not have to try to adhere to one that was written for you.

4. You're home for all the little emergencies. You are at home so when you remember at 1 p.m. that you have not gotten anything for dinner, you can still take something out of the freezer.

5. Home for deliveries and meter readers. You are at home when the water man comes, packages arrive and the washer or dryer need to be serviced.

6. Take full advantage of your strengths. You can truly capitalize on your own strengths since you are your own boss.

7. Take full advantage of breaks in the day. You can, if there is a break in the day, get a load of wash in the machine and finish it in the evening.

8. Save money. You get a real break in the budget since you do not have to dress up every day or pay child care and transportation expenses.

So in evaluating a career in family day care, you see you are now a working mother. Be sure that your family realizes this and does not expect you to have the same kind of time that you did before you were working. If you have been getting frustrated by some of the problems you may be having in your career, you have the company of all the mothers who are working outside the home. You are in the unique position of working at home, so be sure to keep all your advantages in mind as well.

Think of any of the problems you may be having and consider some possible solutions that come to mind. Writing often helps to see issues more clearly. Write down your concerns and what you think may help to solve the problem and share these with your trainer. If you have only problems and no solutions, share these too. Perhaps with two people thinking you can come up with a creative solution together.

Concerns:

Possible Solutions:

4. THE FINANCES OF FAMILY DAY CARE

The income of family day care is subject to so many variables that it fluctuates considerably throughout the tax year. During the first few years, it is probably most realistic to consider income generated through family day care as supplemental income. Your budget has to be able to handle the weeks when you have no children and weeks when it seems the expenses are greater than the income. There is no solution to the fact that your enrollment will change, however, day care providers have come up with a list of methods of keeping the income as steady as possible. How to implement some of the solutions are discussed in the unit, Parent and Caregiver: Developing a Positive Relationship.

Some things you can do:

1. Have a contract, such as Sharing in the Caring*, with set rates and stick to them.
2. Use Calendar-Keeper* or another means to keep careful track of children's attendance.
3. Save all receipts for expenses related to day care.
4. Keep track of your mileage for trips related to day care.
5. Read Basic Guide* and Annual Update* to be sure you understand and keep records of all legal deductions.
6. Find out about the U.S.D.A Child Care Food Program.
7. Take a tax class especially for family day care.
8. Buy food in bulk.
9. Keep daily records.
10. Save income from day care for major purchases rather than counting on the day care income for regular payments.
11. Be aware that there is a difference between gross and net income. The gross income is all that you make, the net income is what you still have after expenses. Some expenses in day care are:
    - It costs more to feed six children than two.
    - Toys break quicker with more children playing with them.
    - You need more toys for more children.
    - There will be more wear and tear on the furniture, carpet and walls.

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*Information on these family day care business materials, published by Toys 'n Things Press, at the end of the Handbook.

- Special equipment may need to be purchased to meet licensing/ certification requirements.

In keeping daily records a very helpful device has been written called Calendar-Keeper: A Record Keeping System for Child Care Providers. In this Calendar there are places for the income and expenses to be recorded for each month. The income includes any money you receive from parents, the welfare department (for providing child care), Child Care Food Program, or any other source. The expenses include groceries, art supplies, cleaning and paper products, toys, gifts, field trip expenses, day care publications, and substitute providers. There are other forms for mileage and an envelope to keep these forms and all other receipts.

Your net income can be increased by careful record keeping, saving all receipts, charging a set rate, and keeping track of all deductions for which you are eligible. You will probably find it helpful to use a special book such as the Calendar-Keeper to keep all these records together, to read Basic Guide to Record Keeping and Taxes and Annual Update for Preparing Federal Income Tax Returns, and to take a tax class especially designed for family day care.

SELECTED BIBLIOGRAPHY

Family Day Care: A Look Inside Your Day

The following is a limited bibliography to help supplement the contents of the unit. We realize there are many materials available in certain areas and tried to choose the best, most recent, most helpful publications. By no means should the list limit you in your search for supplementary materials.

Since this particular unit covers many general topics related to Family Day Care, the resource materials listed in the "General Bibliography" (following the "Summary of Training Units") are appropriate for this unit also. In addition, resource materials included in the Selected Bibliographies of the two units *Your Home: A Place for Learning* and *Parent and Caregiver: Developing a Positive Relationship* are applicable.

You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate to serve as a guideline in your selection.

BOOKS FOR TRAINERS AND CAREGIVERS

Alston, Frances Kemper. *Caring for Other People's Children: A Complete Guide to Family Day Care*. University Park Press, 1984. Available from the publisher, 300 North Charles Street, Baltimore, MD 21201. ($14.95). (This book has recently been released and has not yet been reviewed by the staff of Resources for Child Caring.)

Broad, Laura Peabody and Nancy Butterworth. *The Playgroup Handbook*. St. Martin's Press, 1974. Available from the publisher, 175 Fifth Avenue, New York, NY 10010 ($7.95).

Murphy, Karen. *A House Full of Kids*. Beacon Press, 1984. Available from Harper & Row, 10 East 53rd Street, New York, NY 10022 ($9.95). (This book has recently been released and has not yet been reviewed by the staff of Resources for Child Caring.)

Squibb, Betsy. *Family Day Care: How to Provide It In Your Home*. The Harvard Common Press, 1980. ($6.95).

FILMSTRIPS

Are You Listening? Parent, Child, Caregiver Relationships. Minnesota Family Day Care Training Project, 1975. Available for purchase or rental from Audio Visual Library Service, University of Minnesota, 3300 University Avenue S.E., Minneapolis, MN 55414 (5E0933, $5.50 rental fee, purchase price $25.00).

FILMSTRIPS (Continued)

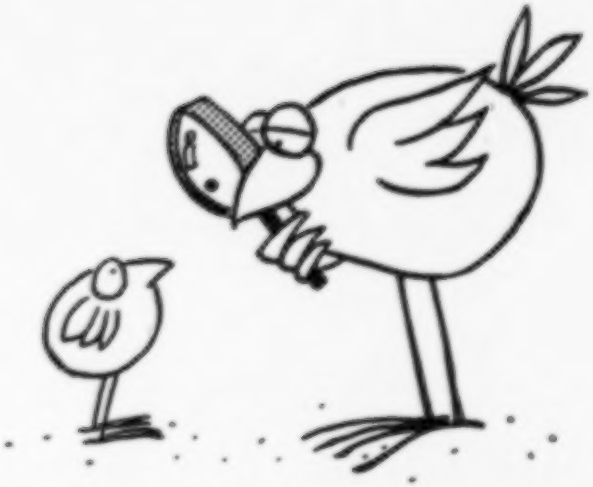
Make Room for Children. Toys 'n Things Press, 1977.
Available for purchase from Toys 'n Things Press, 906 North Dale Street, St. Paul, MN 55103 ($30.00).

OTHER

Basic Guide to Record Keeping and Taxes. Toys 'n Things Press, 1984.
Available from the publisher, 906 North Dale Street, St. Paul, MN 55103 ($5.00). (Each year an Annual Update to the Guide is published, and costs approximately $2.00).

Calendar-Keeper. Toys 'n Things Press (New each year). A record keeping system for family day care providers.
Available from Toys 'n Things Press, 906 North Dale Street, St. Paul, MN 55103 ($6.95 or $11.95 for a larger edition).

Sharing in the Caring: Family Day Care Parent-Provider Agreement Packet. Toys 'n Things Press, 1983.
Available from the publisher, 906 North Dale Street, St. Paul, MN 55103 (Sample packet - $3.50; 5 packet - $6.85; 10 packet - $11.50).



Observation of an Individual Child

INTRODUCTION

1. PREPARING FOR OBSERVATION
2. OBSERVING AND RECORDING A CHILD'S BEHAVIOR
   Daily Activities Record
   Diary Record
3. CHILD OBSERVATION QUESTIONS
4. SUPPLEMENTARY READING - OBSERVATION, WHAT DOES IT MEAN?

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

The major goal of this unit is to help caregivers become more observant and more objective in their observations of children in their care. This unit is based on the assumption that caregivers must be good observers of children in order to understand their development and to provide them with opportunities for growth.

There are two types of observations included in the unit. The first is the Daily Activities Record which involves a brief observation of the child and his activities each one-half hour throughout the day. This observation helps identify consistent characteristics of the child (was the child alone or with other children all day?), it catches the child in different moods throughout the day, and is sometimes more objective than the Diary Record. The second observation, the Diary Record, involves observing the child intensely for a period of time, usually 15 minutes. This observation provides the caregiver with information on how the child interacts with other children and materials.

Although not totally necessary, some trainers have found it very useful to cover this unit immediately following the initial interview and preceding the other training sessions. The caregiver's observations facilitate understanding of subsequent units, since both you and she have real examples from which to site. Her increased ability to objectively observe children's behavior also helps her problem solve and apply information presented in subsequent units. In addition, the observation unit provides a non-threatening beginning to training and can be introduced with ease following the initial interview. The decision about when to work with this unit, however, is at the discretion of the trainer and should be based on the needs of the individual caregiver.

In presenting the observation unit to a caregiver, it is necessary to be sure that she understands the rationale behind the unit. Discuss each part of the unit to insure that she also clearly understands the recording assignments and the forms. Ask her to read sections 1 and 4, the observation forms, and the questions before she begins her observations. Finally, ask her to identify the day and the child she will observe. This helps assure that the assignment will be completed during the following week (assuming there are week-long intervals between training sessions).

At the training session following the period in which the caregiver observes a child, you should review and discuss the observations and the questions with the caregiver. Through your knowledge of child development and behavior, you will be able to help the caregiver accurately interpret and assess her observations. This is what will make the observation unit most meaningful and beneficial to the caregiver.

You will need to be aware, for this unit as well as the other units, of the importance of being sensitive to the caregiver's feelings about her ability to read and write. Since many of the units follow a question and answer format, you may have the caregiver read back her answers if you think she is uncomfortable about her written work. Other caregivers may be very proud of this work and want you to see it. You will need to use sensitivity and discretion to avoid either overestimating or underestimating the caregiver's capabilities and skills.

To help you, as a trainer, to realistically present and work with caregivers on this unit, it is paramount that you do your own observations; preferably several observations of various types of children, i.e. infants, toddlers, passive, active.

OBSERVATION OF AN INDIVIDUAL CHILD

Observing and keeping records of children's behavior is one way of gaining insight into what they do, why they do it, and how they change over a period of time. By knowing more about a child, you can better provide experiences that will meet the needs of that particular child and that will help you to expand on the child's interests. This training session is designed to help you develop some of your skills for observing and learning more about children.

1. PREPARING FOR OBSERVATION

It is helpful to learn to observe and record behavior in a descriptive and objective manner rather than according to one's own feelings about the behavior. Information from observation is useful in a number of ways.

- *For identifying the source of a problem (not just the individual child but also his environment and the children associated with him).*
- *To gain a better understanding of the child's purposes, feelings and behavior.*
- *For providing information about the kinds of activities children do and how they go about doing them.*
- *Repeated observations over a period of time can show how a child's development is progressing.*
- *Observations can be used as examples when discussing a child's progress with his parents.*

When observing a child it is important to be willing to just sit and look and listen. Children show how they feel by the way they do things as well as by what they do. They communicate through their voices, postures, gestures, mannerisms and facial expressions. When observing children, it is necessary to record everything possible, to be unobtrusive, not to interact with the child any more than usual, and to have the situation as "normal" as possible.

Perhaps the most difficult skill to learn - but the most important in observing children - is the skill of objectivity. We all have a tendency to see what we expect to see. The more preconceived ideas we have about people, the less able we are to see them objectively.

In order to see beyond the dirty face with the runny nose, or the skin color different from ours, or the clean pretty face, we must make a serious effort to be honest about personal prejudices and aware that personal values do not automatically apply to other people. It is especially important in family day care or foster care, where children from a variety of homes spend many hours in your home, to see the children in relation to their own family life styles and not in terms of your own.

A few questions you will need to ask yourself as you begin to observe are: "What are my biases? What are the kinds of behaviors that make me forgive a child for anything? What are the kinds I cannot stand? Where am I coming from when I make these judgments and how does that affect how I interact with each child?"

Take a minute to jot down your answers to these questions.

Because it is impossible to observe everything a child does, you will want to think about what specific information you want to know about the child, while trying to keep your mind open to the unexpected or other information. Following are some general questions to keep in mind when observing children. Reading over these questions several times before you begin your observation will help you remember what to look for.

1. What is the specific situation in which the child is operating?

   (What other activities are going on? What are the general expectations of the group at the moment and what is the general atmosphere of the room—noisy, calm, boisterous, quiet?)

2. What is the child's approach to materials and activities?

   (Is the child slow in getting started or does he plunge right in? Does the child use materials in the usual way or does he use them in different ways, exploring them for the possibilities they offer?)

3. How interested is the child in what he is doing?

   (Does he seem intent on what he is doing or does the child seem more interested in what others are doing? How long is his concentration span? How often does he shift activities?)

4. How much energy does the child use?

   (Does he work at a fairly even pace or does he work in "spurts" of activity? Does he use a great deal of energy in manipulating the materials, in body movements or in talking?)

5. What are the child's body movements like?

   (Does the child's body seem tense or relaxed? Are his movements jerky, uncertain or poorly coordinated?)

6. What does the child say?

(Does the child talk, sing, hum or use nonsense words while he works? Does he use sentences, single words? How does the child communicate with others-words or gestures?)

7. How does the child feel about what he is doing?

(Does the child seem happy? Upset? Satisfied? Does he ask for help or seem to need encouragement? Does he try new things on his own or wait for coaxing?)

8. How does the child get along with other children?

(Does he play alone, with only certain children, or with a variety of children? Willing or unwilling to share toys? Does he initiate or follow along with group ideas?)

9. What kinds of changes are there between the beginning and the end of an activity?

(Does the child's mood change as he works?)

10. What is the child's relationship with you?

(Is the child eager to see you when he comes? To tell you about what he is doing?)

11. What is the child's relationship with his parents?

(Is the child eager to see them at the end of the day? Does the child share with them the things he has been doing?)

2. OBSERVING AND RECORDING A CHILD'S BEHAVIOR

After reading and discussing Preparing for Observation, the observation forms, and the questions, decide the day and the time you plan to do your observations.

Name of child__________________________________Age______________

Date of observation____________________ Alternative date______________

How long have you been caring for this child?________________________

Why did you choose to observe this child?____________________________

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DAILY ACTIVITIES RECORD

For this part of the observation you will use a time sampling method. Every half hour write down what the child is doing at that moment. You may want to think of this as snapping a picture every one-half hour-What do you see? This record of the child's activities will help you to learn more about what the child does during the day.

Below is a sample of a daily activities record.

7:30 a.m.	Standing near door, mother taking off snowsuit, John crying.
8:00 a.m.	Sitting at table, eating dry cereal with fingers, babbling to self, watching baby across the table.
8:30 a.m.	Sitting on floor close to Joan, but not looking at her, putting blocks in and out of can, smiling as blocks go in, uses both hands with steady grip.

Use the form on the next page for your Daily Activities Record. Use and extra sheet of paper if you need more space to record.

DAILY ACTIVITIES RECORD

Time	Activity

DIARY RECORD

For this observation you will be using the diary record technique. It is a detailed account of what a child does for a specific period of time. To do a diary record you need to write down everything possible the child you are observing says or does, everything other children say or do with the child and everything you say or do with him during the time you are observing.

Select a time when you can observe for at least 15 minutes when the child can choose what he wants to play with. Do not set up anything special for the children. Just try to observe the child doing the kinds of things he usually does.

It is important that you sit where you can see or hear well and can observe without drawing the child's attention to what you are doing. (If the children do become aware of your observation and ask questions, tell them what you are doing and why. It should not be necessary, however, to identify the specific child, but rather that you are observing the children in general.

1. Time observation is begun ______________________________.

2. Briefly describe the situation as you begin.

What is the child doing?

Where is the child?

Who else is near the child?

What else is going on?

Use the form on the next page for your Diary Record Observation. Use an extra sheet of paper if you need more space to record.

DIARY RECORD

Everything the Child Says and Does	What others, including other children & yourself, do or say to the child you are observing

3. CHILD OBSERVATION QUESTIONS

1. Did you notice any differences from what you expected in the interaction or behavior that gave you new information or clues about the child?

2. What was the child's approach to the materials and activities?

   a. How do you think the child felt about what he was doing?

   b. How interested was the child in what he was doing?

   c. How many different kinds of things did the child do during the day?

3. What were the child's body movements like?

   a. How much energy did the child use?

4. How does the child communicate with others? (Words and gestures, sentences or phrases?)

5. How does the child get along with other children?

6. What is the child's relationship with you?

   a. What do you find most appealing about this child?

   b. How does this affect what you say and do to the child?

7. Does there seem to be a difference between what the parents have told you about the child and what you observed?

   a. If so, how does it differ?

4. SUPPLEMENTARY READING: OBSERVATION — WHAT DOES IT MEAN?

Observation — what does it mean? The dictionary says 1) the act or power of noticing (something), 2) being seen, 3) a noting or recording of facts, as for research, and 4) a comment or remark. For the purpose of this paper the definition will be that "observation is the act or power of noticing or seeing and gathering information by recording the facts". This sounds easy and matter-of-fact, but is it? In the course of a busy day, how observant are we of people's faces, tiny flowers in the park, changes in the seasons? How well do we observe all the little "somethings" that mark our growth and development?

Why is it important to be able to observe? Looking in an objective factual way gives us information about the child's skills, feelings, and attitudes; we see his strengths and competencies, his techniques and abilities in handling materials and his relationship with an ever-changing environment. We see how he fits into his environment and how the environment affects him. Observation helps us to understand the child, to better see the way he feels about life and himself. For an adult, it is not easy to see the child as he sees himself, because we tend to "call it as we see it". This is normal and natural, but if we have a clear objective picture (taken during an observation time), it is possible to discover causes of behavior and thus, to learn to interpret the child's behavior.

When an observer looks at the activities of others, he tends to interpret what they are doing in light of his own past experiences. It is sometimes necessary to keep a written, factual record of observations, in order to recognize a personal bias. Another problem which confronts the objective observer is the emotional content of many words. We say "Johnny is happy," when the factual observation would be, "Johnny ran into the room, smiling and laughing." To say "Johnny is happy" is to interpret (subjective observation), or to give our own conception of what occurred. Try not to interpret behaviors of a child until you have observed and recorded all the facts over a period of time.

You as parents want to learn as much about your child as you possibly can, but you have much to occupy time and thoughts and probably wonder why you need to do this at home. If your child whines a great deal, has begun to kick the dog, bites other children, plays alone most of the time, is crying more, or exhibiting any behavior out of the ordinary, this is the time to observe. By recording what happens before the incident, when it occurs, and your reaction, you may be able to "key in" on some of the causes. There is always a cause for a child's behavior. There may be no reason that we can see, or it may be a reason an adult would find silly or incomprehensible, but there is a reason. The ultimate source of clues to a child's behavior is the behavior itself, carefully observed and recorded.

The challenge of objective observation is not the what of an activity, but the how. How refers to body movement or action — posture, movement, head position, use of limbs; rhythm, tempo, pace; facial expression as revealed in and around eyes; quality of voice. The action (the what) may be identical — but the manner is individual. The style of the behavior is what sets one child apart from others; when possible, this should be captured in the "word picture that we have of the child".

Time is an important factor in the accuracy of the observation. The time of day may produce different information about the same behavior, so it is well to observe at different times during the day for a short time (15-20 minutes). The number of times that you observe is important, as one observation tells us nothing except what the child did on that day, at that time. Observe over a period of weeks, while your child is playing with his brother or sister or friends, taking his bath, eating his snack, dressing or anytime that you are "free" to observe; but get the facts and then examine for a pattern or the objective picture of the child's behavior.

In summary it is well to keep in mind that there are two types of observations: Objective - which is the actual characteristics (facts) of the action we are observing, and Subjective - which is the interpretation of the action. One's biases, prejudices, feelings and opinions are often expressed quite emphatically in subjective terms. What a child is doing is the action (or what we are looking at), but the how of his actions gives us more accurate, information about the action. If we observe a child over a period of time we can better determine the cause of his behavior and this information will help us to better understand the child.

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SELECTED BIBLIOGRAPHY

Observation of an Individual Child

The following is a limited bibliography to help supplement the contents of the unit. We realize there are many materials available in certain areas and tried to choose the best, most recent, most helpful publications. By no means should the list limit you in your search for supplementary materials.

Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection.

BOOKS FOR THE TRAINER

Almy, Millie and Celia Genishi. Ways of Studying Children: An Observation Manual for Early Childhood Teachers. Second Edition. Teacher's College Press, 1979.
Available from the publisher, P.O. Box 1540, Hagerstown, MD 21740. ($9.50).

Child Welfare League of America. Guide for Teacher Recording in Day Care Agencies. 1965.
Available from Child Welfare League of America, 67 Irving Place, New York, NY 10003 ($2.60).

Cohen, Dorothy H. and Virginia Stern. Observing and Recording the Behavior of Young Children. (Third Edition) Teacher's College Press, 1983.
Available from the publisher, P.O. Box 1540, Hagerstown, MD 21740 ($9.95).

Goldman, Richard, et al. Looking at Children: Field Experiences in Child Study. Humanics Limited, 1976.
Available from the publisher, P.O. Box 7447, Atlanta, GA 30309 ($14.95).

Lindberg, Lucille and Rita Swedlow. Early Childhood Education: A Guide for Observation. Second Edition. Allyn and Bacon, Inc. 1980.
Available from the publisher, 470 Atlantic Avenue, Boston, MA 02210 ($18.95).

BOOKS FOR THE CAREGIVER

Austin Early Childhood Special Education Outreach Project. Observation Training for Parents. 1976.
Available from Austin Early Childhood Special Education, 2710 Exposition Boulevard, Austin, TX 78703 (Price unavailable).

BOOKS FOR THE CAREGIVER (Continued)

Boehm, Anne E. and Richard A. Weinberg. The Classroom Observer . . . A Guide for Developing Observation Skills. Teacher's College Press, 1977.
Available from the publisher, P.O. Box 1540, Hagerstown, MD 21740 ($7.50).

Rowen, Betty. The Children We See: An Observational Approach to Child Study. Holt, Rinehart and Winston, 1973.
Available from the publisher, 383 Madison Avenue, New York, NY 10017. ($14.95).

Southeastern Day Care Project. Evaluating Children's Progress: A Rating Scale for Children in Day Care. Day Care and Child Development Council of America, Inc., 1973.
Available from Gryphon House, Inc. P.O. Box 275, Mt. Rainier, MD 20712 ($4.50).

FILMSTRIPS

"Observing Children". One of five filmstrips and cassettes included in the set Dealing with Daily Situations which is part of the filmstrip series Working with Children: A Commitment to Caring. Parent's Magazines Films, 1978.
Available from Parent's Magazine Filmstrips, Communications Park, Box 5000, Mount Kisco, NY 10549 ($109.50/set of 5 filmstrips).

Growth and Development of Infants and Toddlers

INTRODUCTION

1. SHARING IN THE CARING
2. INFANTS AND TODDLERS: A CAREFUL LOOK

   Birth to 6 Weeks
   6 Weeks to 3½ Months
   3½ Months to 5½ Months
   5½ Months to 8 Months
   8 Months to 14 Months
   14 Months to 24 Months
   24 Months to 36 Months

3. READINGS

   Infant Toddler Health Hints
   Toilet Training--Toilet Learning
   Feeding the Infants and Toddlers in Your Care
   Disciplining the Infant and Toddler

4. LIST OF POSSIBLE PROJECTS

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

In recent years there has been an increased demand for day care of infants and toddlers; consequently, more and more people find themselves working at this very important job. Some caregivers seem to have an inborn sense of what babies need in the crucial years of 0-3; others do not seem to feel that it makes much difference what happens to infants and toddlers as long as they are fed and do not fall downstairs. This unit has been written with the hope that it will help the trainer reinforce the former group's knowledge and abilities and to help the latter group "turn on" to babies so that their work as infant/toddler caregivers will become more pleasurable and worthwhile for both them and the babies.

Section 1 Sharing in the Caring serves as a general introduction to what day care means to the caregiver, to the parent and to the child. It attempts to ask and answer some of the more nagging questions that both parents and caregivers are often bothered by. The discussions use and expand on the normal growth characteristics listed in Section 2 as these relate to babies in day care.

Section 2, or the core section of this unit, has been arranged into seven parts which represent seven main developmental phases: Birth to 6 weeks, 6 weeks to 3½ months, 3½ months to 5½ months, 5½ months to 8 months, 8 months to 14 months, 14 months to 24 months, 24 months to 36 months. Each part, or developmental phase, begins with an overview of basic needs during that phase and illustrations to highlight some of the main things that are good for the baby during that phase. This is followed by a list of observations. Here the caregiver is asked to jot down some of the things that she and the parents have noticed about babies at that age. It is hoped that all caregivers will do this for at least the age groups that are presently in their care. This will not only encourage the caregiver to sit back and really look closely at the babies in her care, but will also help set up a valuable means of communication between caregiver and parents in relation to the baby. The trainer might wish to do some modeling by commenting on some observations she is making if a baby is nearby during training.

Following the observations is a more finely detailed discussion of "average" developmental characteristics and suggested activities that fit into that phase of development. It is extremely important that the trainer places special emphasis on "average" characteristics. She must help the caregiver understand that all babies are unique and develop according to their own time clock and in their own way. This unit should be used as a guide for the caregiver's own observations and planning for each child rather than as a vehicle for comparing babies. Next there are instructions for making some of the suggested toys as well as finger plays and activities for babies.

Section 3 of the unit consists of four handouts. The trainer should introduce these to the caregiver and be prepared to discuss any that the caregiver is interested in reading. One of the main points that the readings attempt to make is that there are not any clear-cut answers to some problems which come up, such as, when should a baby go on solids?

Nor is it the trainer's or the caregiver's task to answer such questions, but it is the caregiver's job to follow the parent's wishes to the best of her ability and to observe the child for the parent so the parent can make good decisions. The readings have information based on the most recent understanding of infant/toddler growth and development and should help the caregiver make decisions about how she can most effectively deal with each of the following topics as they relate to her job.

Infant-Toddler Health Hints - provides basic information on preventing the spread of infection as well as basic information for purchasing and using safe equipment. Additional information on preventing accidents is included in the Health and Safety Unit.

Toilet Training-Toilet Learning - discusses what the caregiver and the parent need to keep in mind as they prepare to share the task of training the toddler.

Feeding The Infants and Toddlers In Your Care - discusses the fact that there are different values and approaches to feeding, and what the caregiver's responsibilities in this relationship are. Some generally accepted theories on early feeding have been included.

Disciplining the Infant and Toddler - first examines some of the goals we might have for the child's total development, what some of the main characteristics of the average child under three are and how we might work with these characteristics to most successfully achieve these goals.

Section 4, List of Possible Projects - is a list of topics that caregivers may choose from as their main assignment for this unit. They should be encouraged to choose something that will most benefit the infants or toddlers in their care or themselves as caregivers. Each should do at least one project, or they may do as many as they like. You and the caregiver may also think of a project or assignment that would be of more value, in which case, choose that instead.

GROWTH AND DEVELOPMENT OF INFANTS AND TODDLERS

As a caregiver of children ages 0-3 you have one of the most awesome responsibilities of anyone who works with children, or at any job, for that matter. At one time it was commonly thought that children did not really learn much until they entered school. Today evidence and experience indicate that skills and experiences which begin at birth help children to learn to use their minds and their bodies and to develop into healthy social beings. Indeed, children who are not provided with adequate care and support often show delays for the rest of their lives.

This unit does not contain any magic formula for raising the brightest, most well adjusted children around, but it does contain information about the typical baby between 0-3 and how you might use that information to plan your activities and general approach to caring for infants and toddlers. Some of you may find that it is pretty much what you considered 'common sense' all along, in which case you can feel confident in continuing as you have. Others may find some new concepts and notions that will help you feel you are on firmer ground. Hopefully, you will all have a greater sense of the importance of your job as infant/toddler caregivers.

Section 1 of this unit, Sharing in the Caring, asks and answers some of the more nagging questions that parents and caregivers often have about caring for the very young child. You might choose to share and discuss this reading with the parents of the children in your care. This would be a way of fostering good communication which is so essential to good caregiving.

Section 2, or the main section of this unit, has been arranged into seven parts which represent seven main developmental phases: Birth - 6 weeks, 6 weeks - 3½ months, 3½ months - 5½ months, 5½ months - 8 months, 8 months - 14 months, 14 months - 18 months, 18 months - 24 months, 24 months - 36 months.

Each part, or each phase, begins with a general overview of what the baby needs most from caregivers during this phase. This section is labeled Basic Needs of Infants . . . of Age and includes pictures which help show what caregivers need to provide in order to satisfy these basic needs. Then you will be asked, with the parent's help, to list the things you have noticed about each of the babies in your care (you may need to use an extra sheet of paper). If you do not have any babies while in training, check with an acquaintance who cares for a baby and ask if you may observe that baby, otherwise wait with this part until you have a baby in your care.

Note: This observation is for the purpose of helping you and the parent better recognize and be aware of each child's uniqueness, her own particular way of growing and developing, and to help you determine what specifically you can do to aid in each child's growth process. It is important to keep in mind that, although there are "average" or "typical" developmental phases that children go through, each child is different and will grow at different rates. Some children will learn to roll over or crawl early and begin babbling and talking later while other children may do just the opposite. As a caregiver you will need to be very careful not to compare babies in your care or make judgments about how bright one child is compared to another child or compared to the "average".

Following the observation questions is a more detailed discussion of "average" developmental characteristics and suggested activities that fit into each phase of development. In addition there are directions for toys, fingerplays, and activities that are useful for each age grouping.

Section 3 consists of four handouts each dealing with a topic that may come up as a problem area in child care.

Infant-Toddler Health Hints provides basic information on preventing the spread of infection, as well as some basic information for buying and using eqiupment (strollers, car seats, etc.).

Toilet Training--Toilet Learning discusses what you and the parent need to keep in mind as you prepare to share the task of training the toddler.

Feeding the Infants and Toddlers in Your Care discusses the fact that there are many different values and approaches to feeding as well as some generally accepted theories on early feeding.

Disciplining the Infant and Toddler first examines some of the goals you might have for the child's total development, some of the main characteristics of the average child under three and how you might work with these characteristics to most successfully achieve these goals.

Section 4 is a list of suggested topics from which you may choose one or more to do as your main assignment for this unit. Try to choose the one(s) that will best help you grow as a caregiver. You and your trainer may think of projects, not suggested, that might be even better for you, so feel free to adapt to your needs.

I. SHARING IN THE CARING

"a baby-parent-caregiver relationship"

Many concerns arise for both the parents and the caregivers of infants and toddlers in day care. Some of these concerns are the result of social pressures and attitudes, such as "a mother's place is in the home raising her own children" and some from a real fear that "only a parent can do what is best for the child". Following are some of the questions most commonly asked by parents and caregivers. Each question is followed by a discussion based on some of the more common understandings and thoughts on child development and behavior today. We hope that you (parent and caregiver) will find this useful in sharing your feelings and concerns with one another and that it will help you come to a clearer understanding of where the three of you (baby-parent-caregiver) "fit" in this relationship and how you can each benefit to the greatest extent.

Concern No. 1 -

Parent: *"When my baby spends so much of her "growing up" time with someone else, will she know who her real parents are?"*

Caregiver: *"If I give the baby too much attention, will I take her affections away from her parents?"*

Discussion: Both the parent and the caregiver should clearly understand that infants and toddlers must be able to build trust relationships with one or more adults in their lives in order to develop normally. This relationship is formed through consistent interactions and is most often referred to as attachment. The parent and/or caregiver who consistently responds to the baby when she cries; whether it is because she is hungry, wet, not feeling well or simply lonesome, is letting the baby know that the world is a safe and secure place. The baby learns that she has several people she can count on. These adults form a base of security from which the baby can safely strike out when she is ready to explore on her own. The special relationship between a parent and a child will not be affected as long as everyone is honestly providing for the child that which is best for her.

Concern No. 2 -

Parent: *"Will it cause my baby psychological harm throughout life if I place her in day care at such an early age?"*

Caregiver: *"Shouldn't the baby's mother really be staying home with her, after all, only the parents can provide what she really needs?"*

Discussion: Based on the limited studies done to date, good day care does not cause any long-range harmful effects on children. It is the quality of the care that counts, not whether it comes from the biological parent or not.

Concern No. 3 -

Parent: *"How will I know if she is getting the love and attention she needs when I am not with her?"*

Caregiver: *"Should I be giving the baby all the love and attention her parents would if they were with her all day, and how can I let them know what the baby's day is like here?"*

Discussion: Yes, the provider should give the baby the same attention a parent would because the baby needs consistent, continuous care. Parents and caregivers need to set up a system of clear communication which enables the caregiver to give total care to the baby and which gives the caregiver the opportunity to share the baby's day with the parent. This might be accomplished through a running log that the caregiver keeps in a notebook for the parent to read at the end of the day and which the parent fills in for the caregiver to read in the morning. Such entries as "Johnny's teeth were giving him an extra bad time today, we cuddled and rocked quite a bit" or a parent might jot down "Lisa got a little impatient with me this morning and tried to climb out of her crib, but fell out instead. She seems to be all right - but keep an eye on her, OK?" are not only reassuring to the parent, but are also helpful ways by which both parent and caregiver clue each other in on where the baby is at. Both are thus able to provide for the baby's needs on a continuous basis. This might seem like a lot of extra work, but when looked at in the light of the importance of providing good care for baby, scheduling time for keeping a log (need only take 3 minutes a day) should go right along with time for applying make-up, cleaning up the toys, etc. You may also want to set up special times (½ - 1½ hour) just to chat with the parents, rather than relying on beginning or end of the day snatches of conversation.

Concern No. 4 -

Parent: *"When she cries when I leave her, does it mean that she is really getting spoiled, or does she feel that I don't love her anymore, or doesn't she really like her caregiver?"*

Caregiver: *"Does it mean that she is just spoiled or is it that she doesn't like me since she cries in the mornings when her parents drop her off?"*

Discussion: We all like and are more comfortable with smiling out-going babies. Unless we have a firm grip on what is 'normal' during a certain phase of a baby's life, we might, indeed, panic and jump to all sorts of mistaken conclusions about 'the screaming baby' who wants to be held all the time.

During the first 4 or 5 months babies are not able to distinguish themselves as separate or autonomous from their caregivers. They are normally eager for attention from anyone and respond with smiles and happy gurgles. Then, at about 5 or 6 months of age, they suddenly begin to realize that they are not one with their parent and/or other significant caregiver. They fear that the caregiver can go away and leave them. This fear, known as "separation anxiety" is normal and is usually demonstrated by clinging, screaming and not wanting to be separated from this important and trusted person. Another normal change, which adds to the difficulty of babies in day care, is the beginning of "stranger anxiety" at about 5 or 6 months. This normal fear of strangers often peaks at 18 or 20 months. It is important that parents and caregivers understand and take time to emotionally support the baby during this time. To do so they should:

a. Allow the baby plenty of time to get to know and trust a new caregiver since a good attachment is formed through the opportunity to be near the caregiver on an ongoing basis.

b. Allow the baby to consistently go through a leave-taking ritual, such as having a good bye hug and kiss at the door and possibly waving good bye from a window. When parents deceive the baby by "stealing away" while his attentions are elsewhere, she will react by being anxious and confused, never quite being reassured that they can be counted on - this sets the stage for problems in building healthy, trusting relationships later in life.

c. The new caregiver should not force herself on the baby but allow the baby to come to her while always making it clear to the baby that she is available. She needs to help the new baby who reacts initially by refusing to have anything to do with her by taking care of the baby's physical needs as gently and smoothly as possible, telling her in gentle tones about what she is doing with her, but also respecting the baby's fear of her, the 'unknown' and letting the baby retreat to a distance more comfortable for her. During this period the caregiver needs to provide support by looking at (checking on) the baby often, commenting on what she is doing, giving her reassuring smiles and in general, letting her know that "she is with her".

Once the baby has decided that the new caregiver is another "security base" she may begin extreme clinging and whining, demanding to be held and carried at all times. Although this is exhausting for the adult, both physically and emotionally, it is essential to give the baby that extra reassurance. This experience will satisfy her need to know that the caregiver is not only another security base but also a dependable one. One that she can strike out from and one she can trust to be there when she needs to return.

As the baby feels more secure she will be able to play more readily by herself and will lessen her demands on the adult. It is important that the baby not be forced to "cry it out", as this may only increase or prolong the baby's anxiety and crying or may cause the baby to withdraw.

Concern No. 5 -

Parent: *"What are some of the things I should look for when searching for a good caregiver for my baby?"*

Caregiver: *"What are the most important things I can provide for the babies in my care and for their parent(s)?"*

Discussion: Ask yourself the following . . .
Does the caregiver:
Do you as a caregiver:

1. truly enjoy babies and find it a pleasure to rock, hold, cuddle, talk and play with them?
2. recognize that babies, also, need short periods of time alone?
3. accept each baby as a unique individual, able to use different caregiving styles to fit individual needs?
4. support baby's emotional needs by responding without delay and by always being accessible?
5. provide a safe, open environment for babies to explore and test themselves against?
6. notice what the baby is doing and freely cooperate with baby-initiated activities and explorations?
7. give babies every opportunity to learn to do things for themselves while being present to provide encouragement and support?
8. provide a variety of materials for the babies to learn about through their sense of touch, smell, taste, sight and hearing? Are items too large to swallow or choke on, nonpoisonous and otherwise safe?
9. give good physical care to babies?

10. feel relaxed and confident in own abilities to work with babies?

11. see self as a model whose own actions, attitudes and values will influence the babies' development?

12. recognize the importance of the parent-child relationship and support this by making possible an open sharing and by showing respect for the parents and for the child?

Concern No. 6 -

Parent: *"How will I know if my baby's needs are met in day care?"*

Caregiver: *"What can I do to reassure the parents that together we can provide a good start for their baby?"*

Discussion: First, a good system of communication between the parents and caregiver is a must. This begins with a thorough and open interview during which the parents state their feelings and philosophies regarding what they want for their child, and the caregiver shares her feelings and philosophies regarding how she sees her role as the baby's other primary caregiver. If there are any major differences, these must be negotiated and a clear agreement arrived at immediately. A system must be set up for further negotiations as differences arise. In situations where differences cannot be resolved, both parties should be able to terminate the relationship without any feelings of guilt, since it cannot be expected that every parent's or child's needs can be met by every caregiver. There must never be any hidden motives on either side; this could cause the baby to become a mere pawn in a power struggle between the most important people in her/his life.

Secondly, an ongoing system of sharing the baby's progress, physically, socially and mentally, might be accomplished through regular formal or informal observations that the parents and caregivers share at set conference times, or through the use of a daily log as mentioned in No. 3.

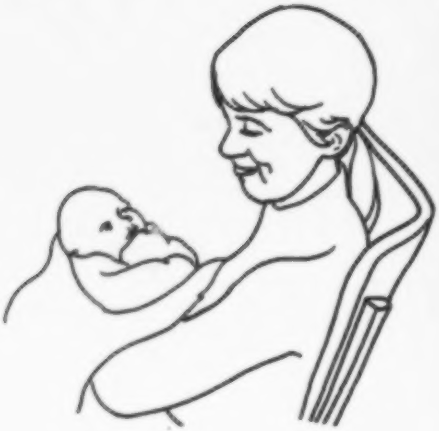
Thirdly, both parent and caregiver should feel assured that good care is taking place if the baby shows signs of being healthy, happy, curious and generally seems anxious to tackle the next step in her development.

Finally, it is important that the adults in the baby's life recognize when there is an illness or a normal phase of development, such as going through separation anxiety, that might temporarily cause a personality change in the baby so that these problems are dealt with appropriately and not carelessly blamed on inadequate parenting or inadequate caregiving.

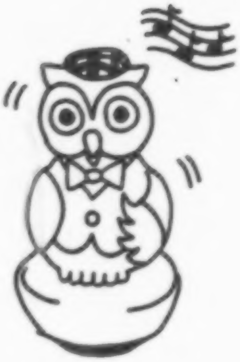
Basic Needs of Infants

Birth to 6 Weeks

Basic needs babies have the first six weeks are: YOU, your arms to hold and rock them, your voice to soothe them, your face and eyes to make contact with them, your consistent attention when they cry from hunger, being wet, uncomfortable, or just plain lonely, and your understanding that babies' cries are their first form of communication. They need to learn that when they cry someone will consistently respond to their efforts at letting their needs be known. They also need a few things to look at and different sounds to listen to. As they are awake more and more, they need time to be alone to study these things. They need you to make diapering, feeding, bathing and dressing special times of total interaction between you and them. They will seek out your eyes, the feel of your touch, and the sound of your voice and associate them with the sense of security they need as they build a very special trust relationship (attachment) to you as one of their primary caregivers.



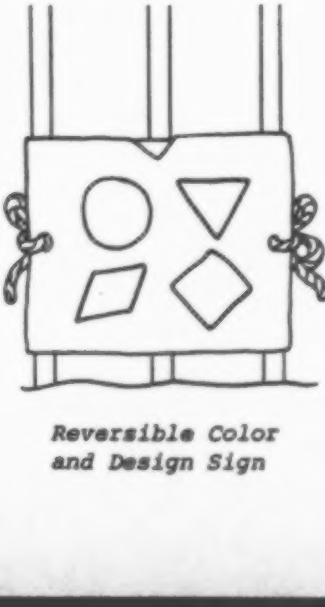
"There, there, I'll hold you until you feel better."



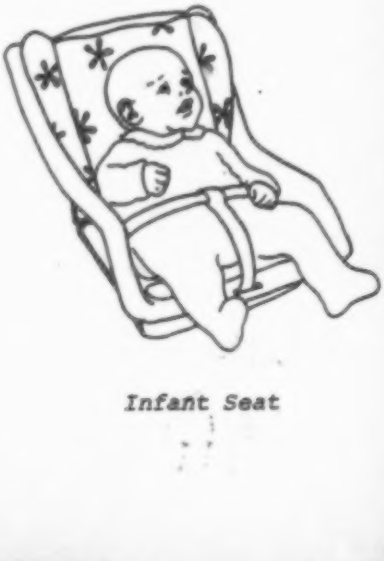
Musical Owl

Rattle

Baby Mirror



Reversible Color and Design Sign



Infant Seat

LEARNING BY OBSERVING

List some observations you and the parents have made about baby(ies) at this age:

Baby uses body by . . .
(bobbing head when held at the shoulder)

Baby communicates by . . .
(crying when wet, pleasure smiles)

Baby reacts socially by . . .
(gazing into caregiver's eyes)

What are some of the differences you have noticed in babies at this time?

GENERAL CHARACTERISTICS Birth to 6 Weeks	GOOD THINGS FOR BABIES Birth to 6 Weeks
Physical	
• Turn their heads toward nipple or finger when touched on the cheek. This is called a "rooting reflex."	• Touch baby's cheek on the side of the nipple so the nipple can be located.
• Sleep in the position of a fencer when on their backs and always have their face turned toward the raised fist.	• Place bright, colorful toys and/or mirror on either side of crib between 7" to 12" away from the bridge of the nose where the baby can begin to focus on them. (Note: Babies 0-6 weeks look to the side rather than straight up.)
• Flail arms and clutch with their fingers when they feel like support of the head is suddenly removed. This is called the "moro reflex."	• Support baby's head at all times.
• Tighten fingers around a finger or other object placed in the palm. This is called the "grasping reflex.	

GENERAL CHARACTERISTICS (Continued)

• React to sharp loud noises by flinging arms out and stiffening the whole body. This is known as the "startling reflex."	• Use gentle tones when talking near or to the baby. Avoid crashing noises. Have older children do their noisier activities away from the baby.
• Some very active babies can wriggle some distance by three to four weeks old.	• Never leave baby alone, even for one second on a bed, table, etc. where she might fall off.

Sensory Motor

• From birth, babies can see most things 7" to 12" away and prefer the human face, especially the eye-forehead area. Also enjoy looking at a patterned surface.	• Position yourself so baby can gaze at your face. Hang a variety of colorful toys and/or household items on the side of the crib or next to where baby is lying.
• Can hear and respond differently to different sounds.	• At different times, whisper in baby's ear, shake a rattle near her, play a musical toy and sing to her. Provide quiet times also so that she won't learn to "tune" out" sounds.
• Learn about the world through their sense of touch.	• Basically, all babies need to be held and cuddled some of the time. Some babies may need and enjoy light massage to help them relax, others may become irritable from too much handling.

Social Emotional

• Each baby is unique. Some may be very passive, some very active, others somewhere in between. Most will, by the end of the first month, let their caregivers know what their needs are by using different cries for when they are in pain, hungry, wet or simply lonely.	• Parents and caregivers need to be aware of each baby's uniqueness. The passive baby who does not readily get the adult's attention through cries and smiles still needs human contact and physical and sensory stimulation for normal growth and development. Babies must have their cries responded to as they are now beginning to establish a trust relationship (attachment) with their closest caregivers. Tending to their cries helps them understand that the world is a predictable and secure place in which to operate.

TOYS AND ACTIVITIES

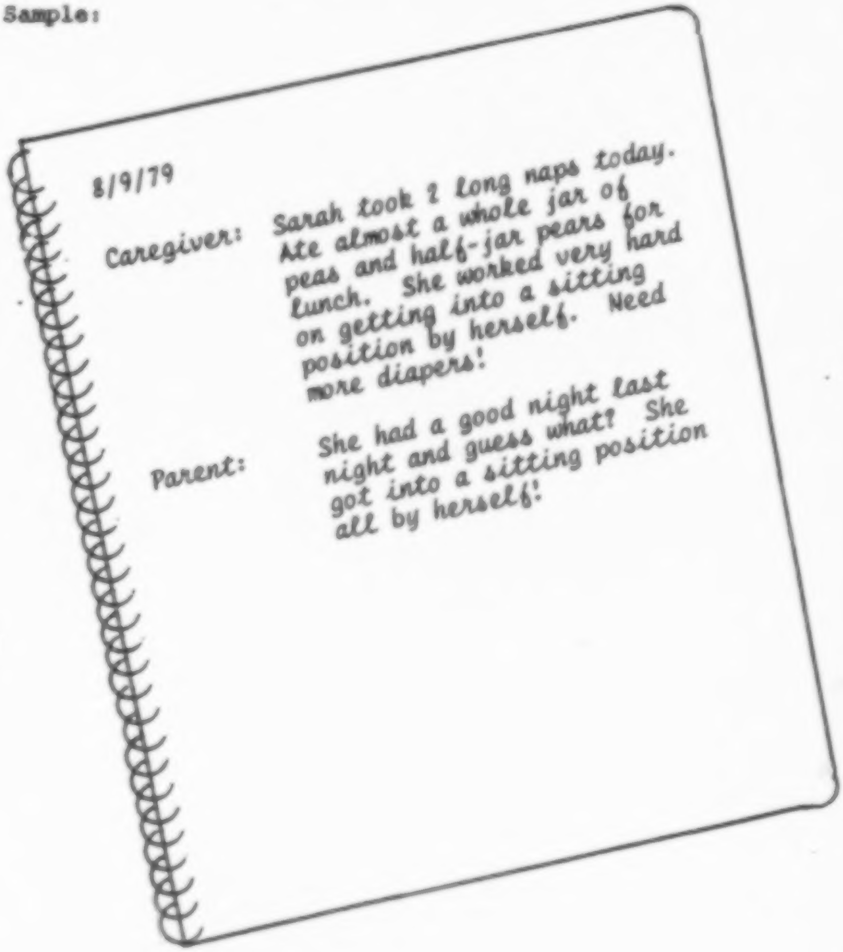
Reversible Color and Design Sign*

1) Glue one piece of construction paper to each piece of cardboard. Cover with contact paper (9"x12" cardboard--two pieces) (9"x12" construction paper--four or more colored pieces) (clear contact paper).
2) Cut a notch in the middle of one side of each piece of cardboard.
3) Leaving a one-inch margin on each side, draw a bold design in the middle of each cardboard. (It's best if *simple* and *large*.) Make each design different.
4) Cut out the designs.
5) Glue the two cardboard pieces together, *colored side out*, along the *three unnotched edges only*.
6) Make a hole in the two unnotched opposite sides of the cardboard. Lace a piece of yarn through each hole (two 12" pieces of yarn or string).
7) Cut off one inch on three sides of the remaining pieces of construction paper.
8) Slip these two pieces of construction paper between the cardboard pieces at the notched edge (so different color shows through for each design).
9) Tie the board to the side of the crib within sight of the baby. Both the designs and the colors can be easily switched around.

Sharing the Caring Book

Begin a "Sharing the Caring" Book. Purchase a large spiral theme book, one for each baby in your care. Each day before baby goes home or as you think of things throughout the day, note what sort of a day the baby had. For example, how much he slept, what and how he ate, how he played, how he seemed to feel, etc. Send it home with the parent; ask the parent to jot down anything significant that happened since the baby left and to return it in the morning.

Sample:



8/9/79

Caregiver: *Sarah took 2 long naps today. Ate almost a whole jar of peas and half-jar pears for lunch. She worked very hard on getting into a sitting position by herself. Need more diapers!*

Parent: *She had a good night last night and guess what? She got into a sitting position all by herself!*

"Being touched and caressed, being massaged, is food for the infant. Food as necessary as minerals, vitamins, and proteins. Deprived of this food, the name of which is love, babies would rather die. And they often do."

Fredrich Leboyer, Loving Hands

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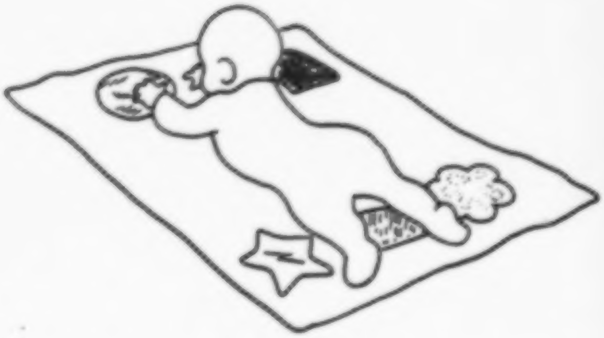
*See illustration on front page.

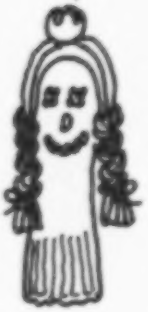
Basic Needs of Infants

6 Weeks to 3 1/2 Months

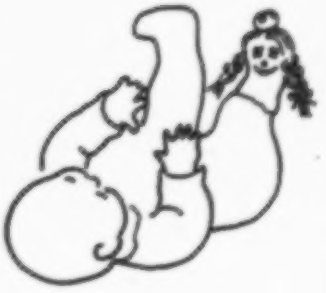
Babies continue to need consistent and loving care from the primary caregivers in their lives. They need caregivers who recognize each child's particular uniquenesses, who will tend to them when they cry and who will coo and smile back in response to their cooing and smiling. They need caregivers who will provide materials, such as mobiles to look and bat at, objects to touch and handle, different textures to feel and different sounds to listen to. They need caregivers who will, with an eye towards their safety, provide them the freedom to physically begin their exploration of their surroundings.

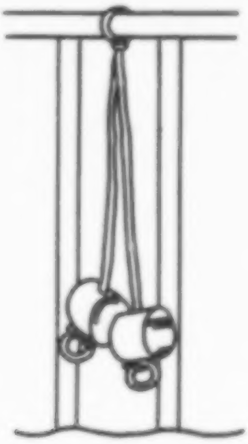


Texture Blanket

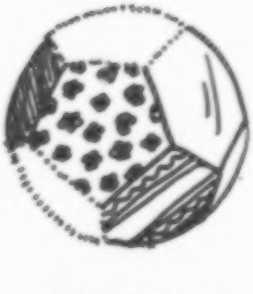


Sock Puppet

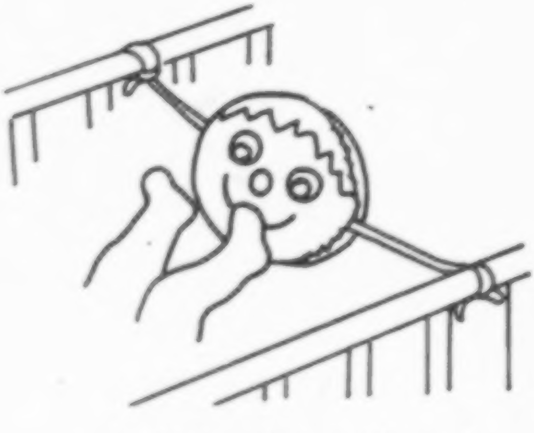




Sound Can Cradle Gym



Texture Ball



Stuffed Kick Toy (Thumper)

LEARNING BY OBSERVING

List some observations you and the parents have made about baby(ies) at this age:

Baby uses body by . . .
(bats with hands, follows object with eyes, moves head from side to side)

Baby communicates by . . .
(making babbling sounds, kicks arms and legs with excitement, etc.)

Baby reacts socially by . . .
(smiling at people's faces, laughs out loud)

What are some differences you have noticed in babies at this time?

GENERAL CHARACTERISTICS 6 Weeks to 3½ Months	GOOD THINGS FOR BABIES 6 Weeks to 3½ Months
Physical	
• Babies are no longer ruled by reflexes and may now be able to hold their heads up and twist their bodies from side to side.	• A safe place to practice head rearing and moving bodies freely, such as blanket on the floor. Keep babies out of older children's play paths.
• Can place arms over head in play when lying on their backs, can move arms and legs rhythmically. Can randomly bat at cradle gym. When they discover that it reacts, they tend to react with more vigorous batting.	• Play with babies by moving their arms over their heads and down again, one at a time, both together. Gently and slowly pull babies up to a sitting position by their arms. Place colorful cradle gyms above the babies so that they can bat or kick at toys above them, or place a sock puppet on a foot for short periods.

GENERAL CHARACTERISTICS (Continued)

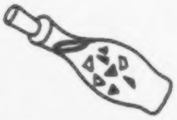
Sensory Motor

Babies now have near mature vision and can follow objects with their eyes that are 10 feet away. By the end of the second month they may be able to coordinate seeing and hearing.	While awake, place in infant seat or on floor where they can watch you as you move about. Talk to them from different areas of the room.
By the end of the third month, may turn head in a full 180° arch to keep a rattle in sight.	Move hand puppet or other interesting object up and down and around in a circle for babies to watch with their eyes.
In the second and third month they become aware of many sounds such as the telephone ringing, footsteps approaching, or sounds of certain musical toys.	Provide cradle gyms that make sounds when they are moved and sound cans or rattles within baby's reach.
By the end of this time they will use their hands crudely as they begin to learn about the characteristics of materials by handling and flinging them, by bringing them to their faces for gumming, tasting and smelling.	Give materials that are safe to chew and explore such as a four-inch piece of telephone cord, texture ball, feely bug. Take baby on a feely walk through the house or yard, for example. Carry baby to the window, place baby's hand on the drapery and talk about how it feels, then place hand on window, describe how it feels.

Social and Emotional

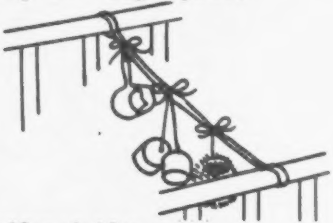
Babies begin to smile at faces, usually at anyone or anything that looks like a face, but does not usually differentiate between people.	Give baby lots of opportunities to see and react to faces and various expressions.
They are beginning to make talking and babbling sounds.	Talk to baby at every opportunity. Play games like "Where is ______'s Nose?" Imitate the sounds the baby makes.
React to surprises by laughing out loud.	Appreciate the joke and laugh with the baby.

TOYS AND ACTIVITIES



Grasp Toy

Place some colored water and some colored shapes in a clear plastic bottle or string bells on a shoelace, then tie and place in bottle. Glue cover on securely with epoxy or "superglue."



Cribmobile

Hang any safe, colorful objects such as a yarn pompom, measuring cup or frozen juice can, cut in half, approximately 12" from baby's eyes. Be sure the mobile is interesting from the baby's point of view, that the items are securely attached and that the string is short enough not to be hazardous.

Songs and Rhymes

Sing "Rockabye Baby" or your own choice of song.

Say a rhyme while exercising the baby.

Up and down, up and down,
Baby goes just like a clown.

Sock Puppet*

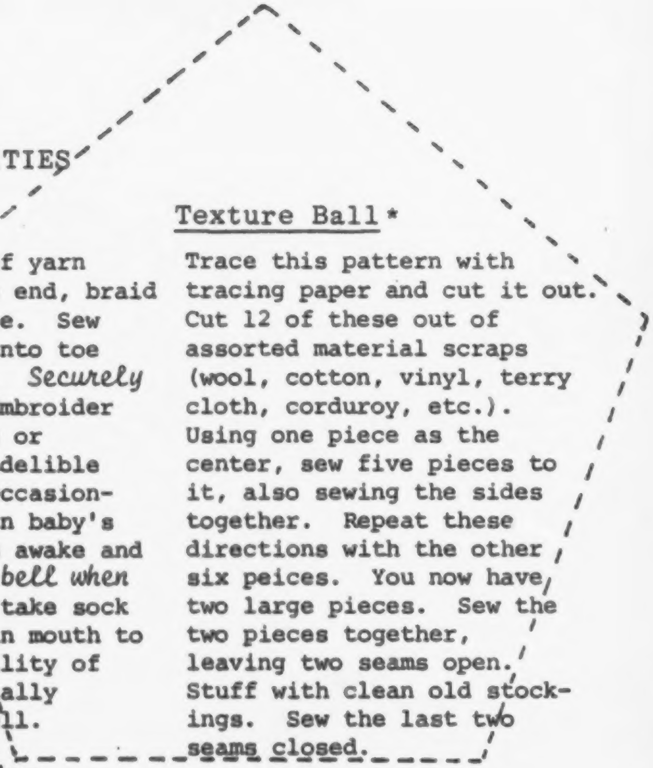
Measure lengths of yarn together, tie one end, braid the other end, tie. Sew middle of braid onto toe of a baby's sock. *Securely* attach a bell. Embroider nose, mouth, eyes or sketch in with indelible magic markers. Occasionally place sock on baby's foot when baby is awake and playing. *Remove bell when baby is* ready to take sock off or put foot in mouth to avoid the possibility of the baby accidentally choking on the bell.

Stuffed Kick Toy (Thumper)*

Cut out two circles of colored polyester felt, each about one foot in diameter. Cut out facial features and sew them securely to one of the circles. Sew two pieces of elastic securely to opposite sides of the other circle. Sew the outsides of the circles together, leaving a three-inch opening. Stuff with fiberfill until nice and fluffy. Sew the opening closed. Attach the ends of elastic to the crib sides so that the stuffed pillow is within kicking distance of the child.

or

Attach bells to any stuffed toy or stuffed pajama bag, hang where baby can kick at it.



Texture Ball*

Trace this pattern with tracing paper and cut it out. Cut 12 of these out of assorted material scraps (wool, cotton, vinyl, terry cloth, corduroy, etc.). Using one piece as the center, sew five pieces to it, also sewing the sides together. Repeat these directions with the other six peices. You now have two large pieces. Sew the two pieces together, leaving two seams open. Stuff with clean old stockings. Sew the last two seams closed.

Texture Blanket *

Applique contrasting color and texture pieces to a blanket for the baby to lie on. Use circles, squares, triangles, etc. of terry cloth, wool, cotton, vinyl, corduroy fabric.

Sound Can Cradle Gym*

Cut two frozen juice cans in half. Push hole for heavy cord in bottoms. Place a two-foot piece of cord through each with ends coming out through inside of cans. Tie a curtain ring at each end. Tie cans by cord to cradle gym on side of crib where baby can grasp for and bang cans together.

"Your baby needs to be recognized by you as an individual. As early as the age of two months, the infant is aware of your responses to him. Watch him as you lean over the carriage, and he catches a glimpse of your face. What joy there is in his sudden recognition of another human being! If you make little babbling sounds to him, watch how his mouth puckers up as he tries to imitate them. You are providing a "responsive environment" that makes the baby know that he matters." Betty Rowan, *Tuning in to Your Child*

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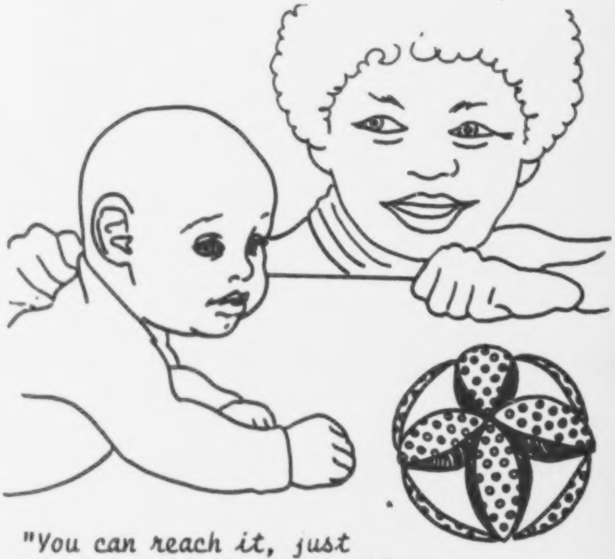
*See illustration on front page.

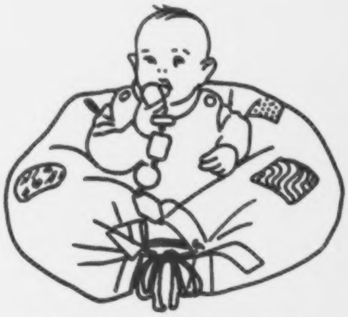
Basic Needs of Infants

3 1/2 Months to 5 1/2 Months

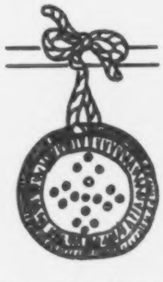
Babies are now, for the first time, becoming aware of some body control. They, therefore, need caregivers who will allow them the space and opportunity to direct the use of their own bodies. They need caregivers who will be there to encourage their attempts at rolling over, sitting up and crawling, but who will refrain from "robbing them" of the experience by doing too much for them. They need caregivers who recognize that babies' primary task at this phase is to learn and discover the characteristics of the materials in the world around them; that, due to an increased ability to grasp and manipulate materials, babies now go into high gear using their senses of touch via the fingers and mouth to accomplish this task. They need caregivers who enjoy playing games with them, who encourage their desire to communicate by repeating their sounds and describing their activities together. They need caregivers who understand the importance of checking hearing as it relates to good language development. Above all, they need caregivers who continue to tune in to and act upon their needs when they cry. Studies show that babies who have not had their needs tended to will, by this time, show a lack of responsiveness and the desire to explore, and may stop crying for help. Remember, crying is one of the ways babies communicate and should be responded to as readily as their smiles, "talking" and searching eyes.



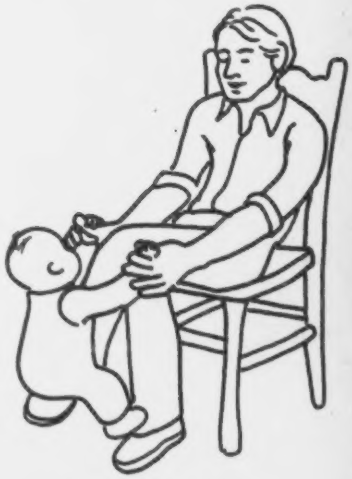
"You can reach it, just stretch a little further!"



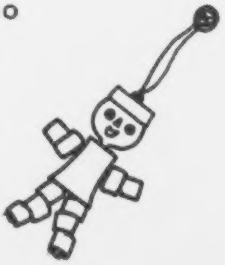
Ring-Around-the-Baby



Pie Tin Mobile



"Ride a cockhorse to Danbury Cross..."



Lid Puppet Doll

LEARNING BY OBSERVING

List some observations you and the parents have made about baby(ies) at this age:

Baby uses body by . . .
(grasps objects with hand, pushes off with legs, etc.)

Baby communicates by . . .
(makes various sounds like "ah-uh-ah", listens for footsteps, etc.)

Baby reacts socially by . . .
(waving arms, kicking, smiling, pouting, etc.)

What are some differences you have noticed in babies at this time?

GENERAL CHARACTERISTICS 3½ Months to 5½ Months	GOOD THINGS FOR BABY 3½ Months to 5½ Months
Physical	
● By the end of this period most babies have discovered a system of getting around to some degree, i.e., pulling along with arms, pulling legs up and pushing off or even scooting backwards.	● To encourage practicing these skills place favorite toys just out of their reach while supporting their efforts to move with words of encouragement.
● Most can roll over from stomach to back and some from back to stomach. (Note: Because babies vary so much in their physical development there is no need to worry about babies who are still not doing these activities.)	● Be sure babies are never left alone on a bed, table, etc., but are given a safe place to practice rolling over such as the floor.
● Babies can do purposeful reaching and grasping. They are learning to let go of things. They like to shake, feel and kick things.	● Toys to grasp and manipulate such as rattles or soft rubber toys. Things to let go of such as items that can be safely dropped from the high chair.

GENERAL CHARACTERISTICS (Continued)

Some babies sit up with propping; others may have learned to sit by themselves.	Opportunities to sit (with support) and to lay on their stomachs and their backs in order to look, reach and play with a variety of toys or other objects.

Note: Some experts believe that babies should be provided with devices that help them sit and walk to better explore the world as early as possible. Others feel that it is better for babies to learn and progress naturally on their own without these devices. If you agree with the first group you will want to provide walkers, jumpers and other sit-in devices. (Caution: Overuse of these items may cause the baby to become overly dependent on them.) If you agree with the second group you will want to provide plenty of opportunities (open floor space, safe things to pull themselves up on) and words of encouragement as they learn to move from one position to another.

Sensory Motor

Babies tend to scrutinize objects carefully with their eyes as well as touch.	Colorful things to explore--such as small interesting boxes, pieces of cloth, commercial bath toys, etc.
Use their sense of hearing by locating sounds.	Play "Hear-a-Boo." Hide to side of baby and call baby's name. When baby turns in right direction, show yourself. Let babies hear everyday sounds like running water, the vacuum running, cooking sounds, etc.
Makes sounds like "da," "ma," and sometimes combinations such as "ma-ba" or "pa-wa."	Repeat to them the sounds they make.
Can recognize primary caregiver's voice.	Check to see if they demonstrate the following "average behavior" as suggested by the Alexander Graham Bell Association for the Deaf: Does the baby awaken or quiet to primary caregiver's voice? Does the baby typically turn eyes and head in the direction of the source of sound?

Social Emotional

Babies respond socially to attention by moving arms, legs and body in general while smiling. When people around them show their enthusiasm by repeating sounds or movements that they make, they continue to do them even more vigorously. They laugh at unexpected sights.	Repeat their actions and sounds. Hold them in front of a full length mirror so they can respond to their own image. Make up rhymes about their eyes, nose and mouth.

TOYS AND ACTIVITIES

Ring-Around-the-Baby *

Materials needed: Two pieces of fabric 2'x6'. Liner fabric must be tightly woven, waterproof fabric. Cover fabric should be sturdy and washable. Liner: Cut fabric to measure 5'8"x1'10". Sew the two long sides and one short side together to form a tube. Fill loosely with any suitable (available) material such as shredded foam, bean chair pellets, cut-up nylons. Stitch the final seam. Test to see if it will bend into a horseshoe shape.

Cover: On the right side, applique colorful shapes or designs of various textures. Sew long sides together. Hem each end, leaving an opening large enough for cords to fit through. Thread 2' long cords through each hem. Place liner inside the cover. Pull cords tight and tie at each end. Bend into horseshoe shape. Adjust Ring-Around-the-Baby to baby's size and tie end cords together.

Finger Play

There was a little mouse,
And he had a little house,
And he lived--up--here!

Hold baby's hand open in yours; with your other forefinger make circles on baby's palm and at "Here!" Quickly walk your fingers up baby's arm to under chin, ear, etc.

Make a Pie Tin Mobile* for baby to gaze at--better yet, let the older kids make one for each window. *How to use it:* Hang the mobile securely to a window rod or ceiling fixture within the sight of the infant. *The objects should be out of reach of the child!* The mobile will move in the breeze. *Instructions:* Punch small holes in a pie tin with a hammer and nail to make a design. (Place the area to be punched over the open end of an empty can.) If the edges of the holes are sharp they can be flattened with the unopened end of the can. Hang the tin with yarn. *Or:* Punch holes as described above along the *rim* of the pie tin. Also punch one hole in the *middle*. Thread yarn through the holes. Hang assorted colorful household objects from the yarn attached to the rim. Tie a fat knot at the other end. Balance them! Tie a knot around a button on the bottom side of the middle piece of yarn. Make a loop at the other end, and hang the mobile by this loop.

Bouncing Play *

Ride a cockhorse to Danbury
Cross,
To see a fine lady upon a
white horse,
With rings on her fingers
and bells on her toes,
She shall make music
wherever she goes.

Give baby a Lid Puppet Doll*to manipulate and chew on.

1) Lay about 15 assorted plastic or metal can tops on a table in the shape of a person, using the wider caps for the trunk and thinner caps for arms and legs.

2) Holding a large nail with a potholder, heat the nail over a stove burner. Then with the hot nail, melt two holes in the *top* of the *bottom* trunk cap. Melt two holes on the *sides* of the *upper* trunk cap. Melt one hole on the *side* of each foot cap.

3) Melt a small hole in the middle of the top of all the caps *except the feet* and *lower trunk*. Cut a hole in an empty lemon-shaped juice container.

4) Cut a long piece of thin elastic. String it through the arms and trunk. If dish soap nozzles are used for hands, tie a knot at each end.

6) Cut a piece of elastic and tie one end to the elastic in the lower trunk. Thread it through the other hole and thread the leg and feet caps.

7) Tie a knot around a button inside each foot. (This may be done at the arms too if no nozzles were used for hands. OR if you have no buttons, use nozzles instead inside the feet!)

8) Put a button on the elastic above the hat. Tie a loop and knot there. Cut out contact paper facial features and put them on the face.

"They know their mother or closest caretakers and are more friendly and relaxed with them than with strangers." Brian and Shirley Sutton Smith, How to Play With Your Children.

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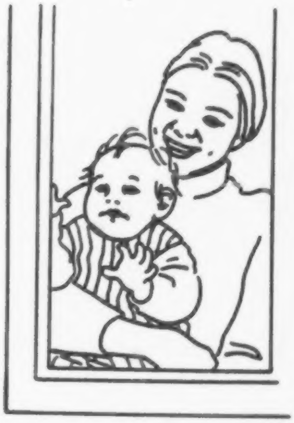
*See illustration on front page.

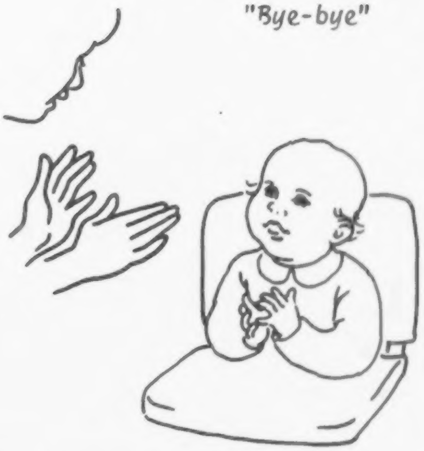
Basic Needs of Infants

5 1/2 Months to 8 Months

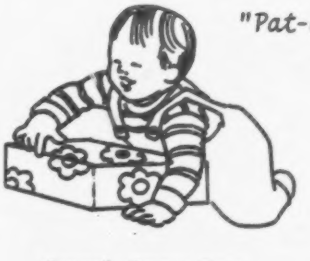
Due to their natural curiosity combined with their greater ability to get around, babies at this age need caregivers who begin to safety-proof their home so that they can freely explore and learn. Some need more physically challenging surroundings to test their skills at crawling, scooting, pulling up, sitting down, dropping and throwing things. They need objects to make different sounds with, things to hide and to find. They also need caregivers that understand and can sympathetically deal with their newly developed fear of strangers and the emotional difficulty they experience when they are separated from the people they have learned to trust and rely upon (have become attached to). They need caregivers who will give them the time and patience they need to develop new attachments when new primary caregivers enter their lives. They need caregivers who will help them form this new trust relationship and who will serve as a new security base from which they can leave and come back to as they go about their other developmental tasks. They need caregivers who will not consider them "spoiled" or "bad" when they cry, withdraw, or strike out in anger or frustration as they struggle to learn who is trustworthy and who is not.



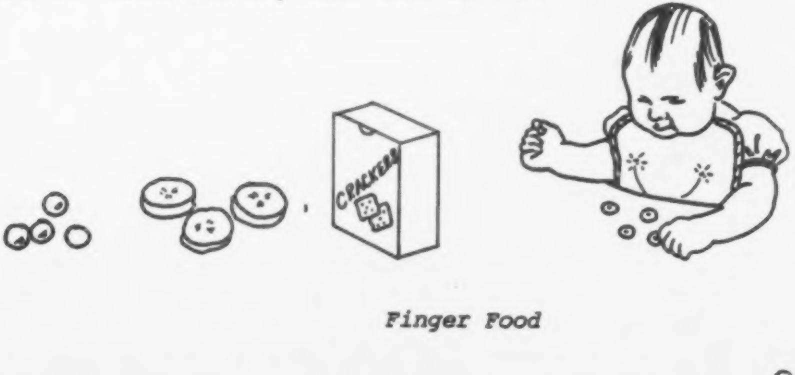
"Bye-bye"



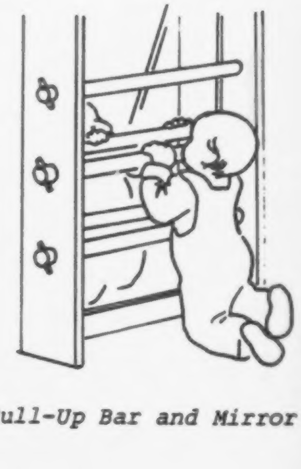
"Pat-a-cake, Pat-a-cake..."



Crawl-Over Box



Finger Food



Pull-Up Bar and Mirror

LEARNING BY OBSERVING

List some observations you and the parents have made about baby(ies) at this age:

Baby uses body by . . .
(rolling from left to right, pulling self up, claps hands together, etc.)

Baby communicates by . . .
(understands________, says "ba, ba, ba")

Baby reacts socially by . . .
(turns away when someone strange comes near, reaches out to _______, etc.)

What are some differences you have noticed in babies at this time?

GENERAL CHARACTERISTICS 5½ Months to 8 Months	GOOD THINGS FOR BABIES 5½ Months to 8 Months
Physical	
• Sometime during this period babies begin to crawl and scoot in earnest.	• An old attache case, flat cardboard box, or small pillows, etc. for baby to crawl to and over.
• Reach for handles and rungs to touch and feel and pull themselves up by.	• Heavy furniture or stable pull-up bar to pull themselves up by.
• Can rotate their wrists and use the thumb quite effectively.	• Practice picking up small items with thumb and forefinger (Cheerios, peas, soft food).
• Like to hold, throw and drop things.	• Small objects or balls (at least 1½" in diameter) to drop from the high chair or into a container.
Sensory Motor	
• Babies this age like looking at tiny objects (lint, pins, nuts, crumbs). They explore these with their mouth after looking at them carefully.	• Places to play and explore that are safe from anything harmful (small items that could cause choking, sharp edges on furniture).

GENERAL CHARACTERISTICS (Continued)

Intellectual

• Babies now begin to use the knowledge they have about objects and materials. They study the results of using these objects. i.e., what sounds they get by banging on different surfaces.	• Pots and pans, wooden spoons, margarine cartons, crinkly paper to rustle, simple busy boxes or homemade Pom Pom Grasp-and-Pull Toy.
• The notion of "object permanence," or the fact that things still exist when they are not in sight, begins at about six months.	• Hide a toy partially under a blanket or pillow. Let the baby find it. • Play "Peek-A-Boo" and hiding games with them.

Language

• At some time during this period some babies may recognize their own names and understand a few simple words (called receptive language) such as "Wave bye-bye," "Do pat-a-cake," etc. Will sometimes stop an activity when told "No" in a firm voice.	• Reinforce baby's attempts at language by imitating babbling, scowls, smiles, banging, and clapping. Be aware of how you say things since this gives meanings to the words such as when you are pleased or displeased, happy, sad, or excited.

Social

• Babies are developing an awareness of people that they know and trust and people that they are not sure of.	• Babies and parents both need the caregiver's support and help.

Note: Babies show their awareness of different people by quieting when held or talked to by a person they know (are attached to). They also smile, stare at, and cling to this person when strangers are around and scream when left by such a person. Parents and caregivers need to know this is normal. Parents need to understand that in order for the baby to continue to trust them they must always say "Goodbye, I'll see you later," etc. and must never sneak off. In addition, the caregiver must relieve the baby's fears of being left by the parent by giving the baby all the attention she needs until she has formed a secure trust relationship with her caregiver.

• Babies also begin to show a fear of strangers, usually referred to as "stranger anxiety" sometime toward the end of this age period. This is a normal phenomena that usually continues at differing intensities until they reach 20 to 22 months.	• Babies (and toddlers) need time to develop a trust relationship with anyone strange. This is more easily done when the babies can get to know someone new while having a known person nearby to help them ease into the new relationship.

TOYS AND ACTIVITIES

Pat-A-Cake

Pat-a-cake, pat-a-cake,
baker's man,
Bake me a cake as
fast as you can.
Prick it and pat it and
mark it with "b,"
And throw it in the oven
for Baby and me.

Hear-A-Boo

Hear-A-Boo is the same as Peek-A-Boo, but now you are making a noise with a bell. Let baby look for it as you slide your hand behind her, underneath her chair, etc. You do not hide your hand so much as put it out of baby's line of vision; then baby has to switch her head somewhere else to be able to see it.

Give baby something to crawl for and over-- Crawl-Over Box.*

Tightly stuff a sturdy cardboard box (about 3"x12"x18") with newspaper until it is packed firm. Tape shut. Cover the entire box with contact paper.

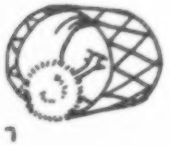
"Where Is?" Games

Play "Where is your foot?" "Your tummy?" "Your nose?" "Your hand?" "Your ear?"

Pom Pom Grasp-And-Pull Toy

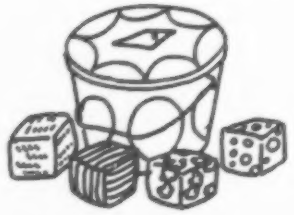
Take off the metal ends of a coffee can. Go around the rims several times to make sure they are smooth. Cover the can with contact paper, making the contact paper about 1" longer at each end. Fold this extra over into the inside of the can. Cut a piece of thick elastic the same length as the can. Cut two slits in the middle of the plastic lid of the can, large enough for the elastic to go through. From the inside of the lid, lace one end of the elastic through the slits, and sew it securely. Make a yarn pom pom (Directions follow). Sew the other end of the elastic to the pom pom. Put the lid on the can so the pom pom and elastic are inside.

Pom Pom Making: Wind any kind of yarn loosely around a 5" wide piece of cardboard about 50 times. With a different colored piece of yarn, tie the wound yarn together on one side of the cardboard. Tie the yarn together in the middle with another piece of yarn. Cut the loops. Repeat the procedure about three or four times and tie all of these balls together to make one large ball. To prevent curious children from pulling out the yarn strands, the balls may be put in old nylon stockings and tied with string.



Finger Plays

Our little baby has ten toes
(Show all ten fingers)
Two little ears
(Point to ears)
One little nose.
(Point to nose)



Soft Blocks

Make soft blocks for baby to dump from container.

1) Cut 2" thick *nonflammable* foam rubber in 2" squares cubes, using a single-edge razor or electric knife.
2) Trace the pattern *illustrated* with tracing paper. Using this pattern, cut out fabric for each of the cubes.
3) Cover each block and stitch the seams. (If using a sewing machine: Sew three sides, stuff with foam rubber, and finish by hand.)

Use plastic bucket for container.

"The world is opening up to the five-month-old, and he is at the edge of a time of exploration, experiment and development." *Sara Bonnett Stein, New Parents' Guide to Early Learning.*

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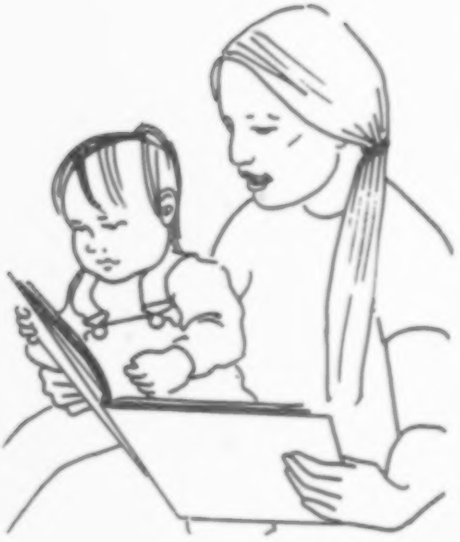
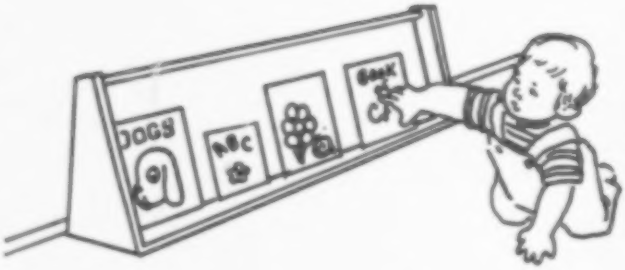
*See illustration on front page.

Basic Needs of Infants

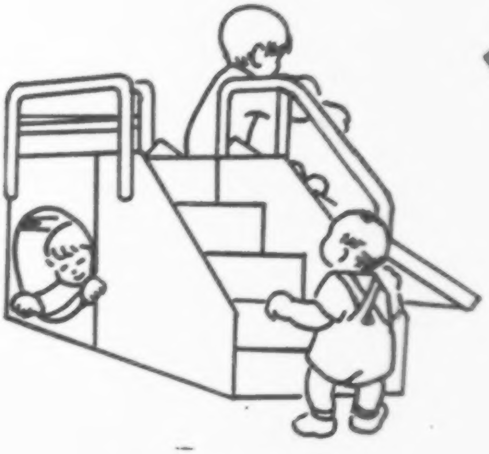
8 Months to 14 Months

Babies continue to need caregivers in their lives who understand their fear of strangers and the difficulty they have in being separated from their parents or other attached adults. They need caregivers who recognize the importance of maintaining a good balance between keeping the babies and the house safe, and providing enough opportunities for them to explore. They need caregivers who will provide physical challenges that will help them feel confident in the use of their bodies. Caregivers who enjoy reading to them and who will encourage their limited ability to communicate, who will introduce art materials for them to experiment with. They need caregivers who will allow them to solve their own problems and who will give them the security of a few limits that are consistently enforced.

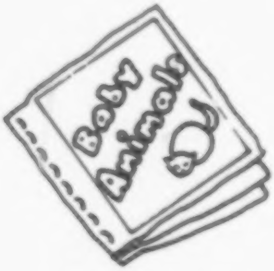




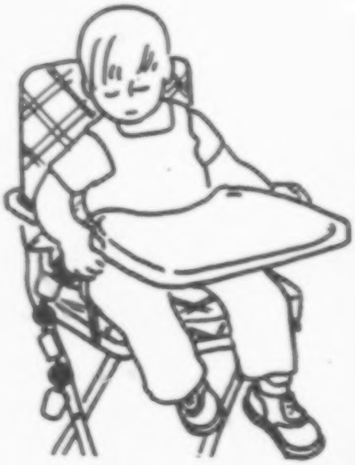
Floor Model Bookcase



Climbing Gym



Sandwich Bag Picture Book



High Chair Toy

LEARNING BY OBSERVING

List some observations you and the parents have made about the baby(ies) at this age.

Baby uses body by . . .
(*Picks up food by using thumb-finger grasp, stands alone, etc.*)

Baby communicates by . . .
(*Says "Mama" and "Dada," can imitate "Doggie," etc.*)

Baby reacts socially by . . .
(*Cooperates in playing pat-a-cake*)

What are some differences you have noticed in babies of this age?

GENERAL CHARACTERISTICS 8 Months to 14 Months	GOOD THINGS FOR BABIES 8 Months to 14 Months
Physical	
• During this period babies normally progress from creeping to scooting to pulling themselves up, to standing, to walking holding on, to walking un-aided.	• Stable furniture or other equipment to pull selves up with. Bean bag chairs. Obstacle course with chairs, cushions, boxes, etc.
• They can learn to negotiate stairs on all fours, by the end of this period.	• Small climbing gym, a gate three steps up on stairway.
• Like to practice new-found control of arms and legs.	• Balls to kick and throw.
• Uses fingers for prodding, poking and stacking.	• Plastic bottle and clothespins, nesting cans, measuring cups.
• Can scribble on paper towards end of this period.	• Large sheets of paper taped to floor, table or high chair. Give baby a fat crayon (stubby crayon cones or homemade crayon disks).

GENERAL CHARACTERISTICS (Continued)

• Can clasp and clap hands.	• Play clapping games.

Intellectual

• Babies are developing "learning-to-learn" skills by playing with toys they can manipulate and simple mechanisms they can activate.	• Pounding bench, pyramid disks, jack-in-the-box, simple put-together and take-apart toys, and hinged objects such as egg cartons, old encyclopedias, lock-boards, etc.

Language

• Babies by the end of this period understand their first five or six words. They will imitate sound and attempt to put together various sounds.	• Read simple books to them while they sit on your lap so they are visually directed to the pictures and writing in the book. Point to and label pictures, make own books with ziplock bags for the babies.

Social

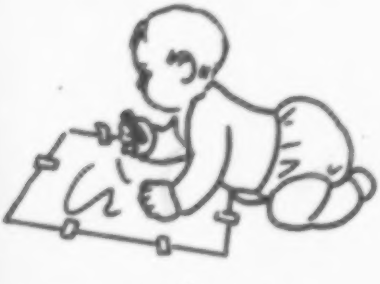
• Babies towards the end of this phase have learned to use adults as resources and they show pride in their own achievements.	• Adults who continue to be attentive, enthusiastic and affectionate.
• They can do role play and/or make believe play.	• Dramatic play props; telephones, hats, dolls, lunch buckets, etc.
• They understand limits when they are kept to a minimum and are consistently applied.	• An environment with a minimum of limits, caregivers who kindly, but consistently and firmly, enforce those limits by removing child, using distraction and/or a firm "no" along with the above. (For more, see "Discipline" handout.

"I cannot overemphasize how important freedom to explore is in education of the young baby. It not only has its obvious primary utility of helping to deepen and broaden his curiosity, but will also facilitate his social development, another important goal of this period, by maintaining and deepening his interest in you." Burton White, The First Three Years of Life.

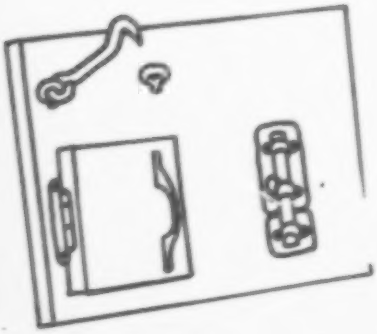
TOYS AND ACTIVITIES

Sandwich Bag Picture Book*

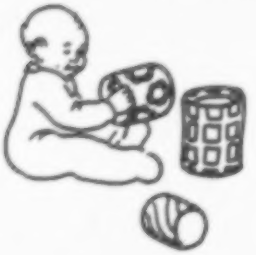
1) Cut a piece of tagboard to fit inside four to eight plastic "Ziploc" sandwich bags, equal to height and 3/4" *shorter* than the width of the bag. (Measure the bag with the open end on the left.)
2) Cut out pictures from magazines and glue them to each side of the tagboard pieces.
3) Slip each piece of tagboard into a plastic bag, with the open end of the bag at the left. Sew the open ends together securely with needle and thread.



Crayons and Paper
(Taped to Floor or Chair)

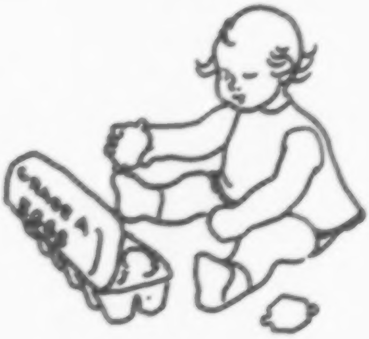


Hinge-Lock Board



Nesting Cans

Use five or six cans (boxes or tubes) of increasing size.
1) Go around the rim of each clean can several times with the can opener to make sure there are no sharp edges.
2) Cut contact paper one inch *longer* than each can. Cover each can with the contact paper, folding the extra over the rim. Put the cans inside each other.



Snap Beads and Egg Carton

Jack-in-the-Box

Jack in the box,
(Hands closed, thumb inside)
Sits so still.

Won't you come out?
(Thumb "jumps" out)
Yes! I will!

Finger Plays

Say "Baby" Finger Play or sing to tune of "Six and Twenty Blackbirds."

Here's a ball for baby,
(Hands form ball)
Big, soft and round.

Here is baby's hammer,
(Pound fist)
Oh how s/he can pound.

Here is baby's music,
(Clap hands)
Clapping, clapping so.

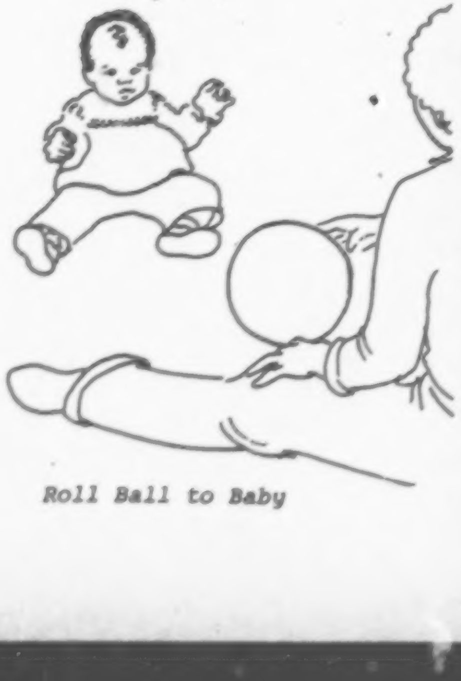
Here are baby's dollies,
(Hold fingers up)
Standing in a row.

Here is baby's trumpet,
(Hands form horn)
Too too toot, too too.

Here is the way that baby,
(Hide face)
Plays peek-a-boo.

Here is a big umbrella,
(Hands open umbrella)
To keep baby dry.

Here is baby's cradle,
(Rocking motion)
Rock-a-baby-bye.



Roll Ball to Baby

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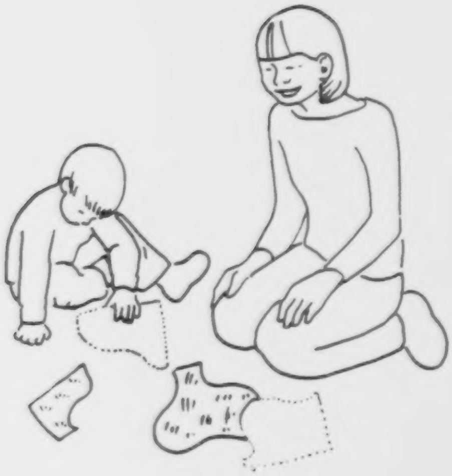
*See illustration on front page.

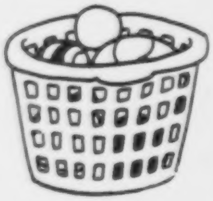
Basic Needs of Toddlers

14 Months to 24 Months

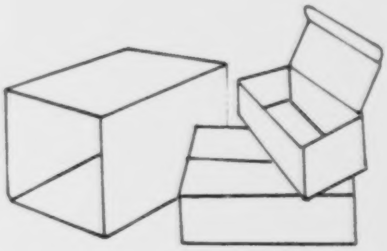
During this phase babies need caregivers who will provide them with the freedom and materials to practice their coordination and use of physical and sensory motor skills which have until now been learned independently. They need caregivers who will provide them with a variety of large muscle equipment for climbing, riding and balancing; who will take them for long walks whenever possible; and who will provide ample materials, such as simple puzzles, small blocks and clay to practice their eye-hand coordination and fine muscle development. They especially need caregivers in their lives who can understand and deal with their new sense of self-awareness that comes out in the form of "No" and "I want to do it myself" statements. They need caregivers who are secure enough in themselves that they can patiently help the toddlers learn to control themselves physically and emotionally, so that they will come out of this experience feeling good about themselves and others.



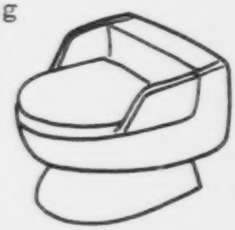
Carpet Puzzles



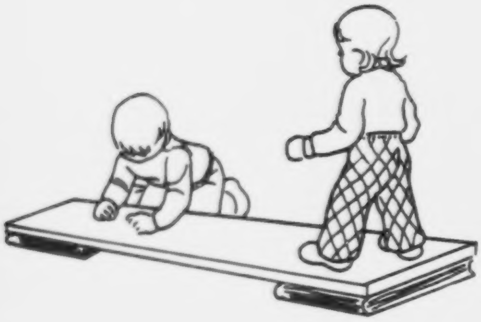
Basket of Balls



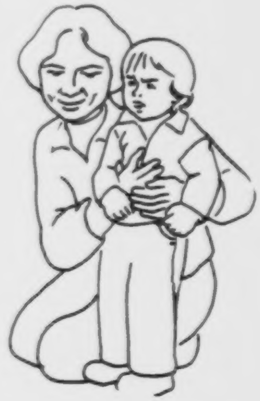
Boxes to climb into, push, pull and fill.



Floor-Style Potty Chair



Balance Board



"I know you're feeling angry. I'll hold you until you feel better."

LEARNING BY OBSERVING

List some observations you and the parents have made about the toddler(s) at this age.

Toddler uses body by . . .
(Pushing boxes, standing on one foot, walking sideways and backwards, etc.)

Toddler communicates by . . .
(Says "Water," "Out." Understands "Let's tie your shoelace." Experiments with high and low sounds, etc.)

Toddler reacts socially by . . .
(Pats friends on head when they cry, brings toys to anyone new when Mom is around, etc.)

What are some differences you have noticed in toddlers at this age?

GENERAL CHARACTERISTICS 14 Months to 24 Months	GOOD THINGS FOR TODDLERS 14 Months to 24 Months
• Toddlers can now walk unaided, carry things while walking (by two years of age child can walk up to two miles at a time). Run, climb stairs and onto furniture. Push and pull toys.	• Things to hug, tug and drag such as pull toys, laundry baskets, large boxes, small wagons, riding toys, large blocks, pieces of wood, climbing gyms, low balance beams. Go on walks to the park, up the street, etc.
• Dig, screw and unscrew, sort and fit objects and shapes, stack, build and throw.	• Sandbox, bean/rice table, lacing cards, giant bolts and nuts, small blocks, workbench.
• Like to mark on paper, paint and play with "messy" materials.	• Finger paints, washable markers, paint on sidewalk with water and paint brush.
• Some toddlers' bodies may have developed enough so they can control their bladder and bowel by the end of this period. (This comes about through maturation and cannot be forced.)	• Potty chair on the floor to practice sitting on. Toddler allowed to observe same sex go to the bathroom. Observe child for signs of readiness. (See toilet training handout.)

GENERAL CHARACTERISTICS (Continued)

- Can feed themselves and drink from cup if allowed to practice. Like to brush teeth and hair.
- Own spoon and cup, tooth brush, hair brush.

Intellectual

- Great interest in motor actions, such as throwing, rolling and bouncing balls, building up and knocking down block towers, pouring water, screwing and unscrewing.
- Dishpan of water with plastic objects for pouring, different kinds of balls, shape sorters. Keep an eye out, they may unlatch the gate or their crib sides!

Language

- Toddlers by end of this period understand most simple words and instructions.
- Important to continue reading to them, allowing their participation by pointing out pictures.

Note: At 18 months many children have an average vocabulary of 18-22 words, although some toddlers may wait until much later before talking. They typically use assorted meaningless syllables, which usually sound meaningful. To successfully encourage toddler's speech never correct or criticize, instead simply repeat the statement correctly, thus serving as a model. Also, talk out loud about what the toddler is seeing, hearing, doing, or perhaps feeling at that moment, and talk out loud about what you are doing, seeing, etc.

Social

- This is the beginning of the crucial period of negativism, to quote Dr. Brazelton, "The Declaration of Independence."
- Caregivers who allow toddlers to make simple choices and to win an occasional struggle of wills.
- Caregivers who provide the security of a few simple, clear rules which are consistently enforced.

Note: This surge of independence in the toddler is due to a new understanding of themselves as independent persons along with a lack of confidence in their own autonomy or rights as a person. Between 14 months and three years, toddlers test the world around them to identify where they individually fit into the scheme of things. They like to do things themselves and often say "no" to adult commands even though they will eventually obey. They need to occasionally win in a struggle and to be given choices such as "Tommy, do you want to wear your blue jeans or your red corduroys today?" Simple rules are necessary but too many limits or corrections will only increase the "no" response of the toddler.

- Their fear of strangers usually peaks at about 18 months. Other fears may also begin.
- Caregivers who hold and comfort them when their world falls apart.

Note: Even though toddlers want to prove themselves as independent beings, they still need (perhaps even more so) the emotional support of the "trusted people" in their lives.

- They spend more and more time in pretend play and some limited positive play with other children.
- Need opportunities to play alongside other children and given enough toys to comfortably share.

TOYS AND ACTIVITIES

Carpet Puzzles*

1) Use a piece of cardboard for a cutting surface so you don't mar your table. Cut pieces of carpet or carpet samples with a matte knife to make puzzle pieces.
2) For puzzles cut out of shag rug, put glue along the cut edges of all of the pieces. This will keep the threads from pulling out.
3) Glue a piece of carpet on the lid of a cardboard box. Put puzzles in box for storage.

Balance Board* to crawl on, balance on.

Any board on two equal size books. The board should be looked over carefully for splinters or sharp edges.

Disc Crayons

1) Collect old crayon pieces.
2) Place in muffin tins.
3) Place in warm (300°) oven until just barely melted into a mass. Cool quickly. Baby will enjoy different colors his marks make. Otherwise, provide chubby or cone crayons which can be purchased.

Finger Plays

Thumb in the thumb hole,
Fingers all together.
That is the song we sing,
When it's mitten weather.

Knock at the door,
(Knock on forehead)
Ring the bell,
(Tug gently at hair)
Peep in,
(Open eye)
Lift the latch,
Tweak nose up)
And walk in!
(Pop finger in mouth)

Finger Paints

3 Tbsp. sugar
1/2 cup cornstarch
2 cups cold water
Food coloring

Mix sugar and cornstarch, add water, cook and stir over low heat until well blended and thickened. Divide into several containers adding preferred food coloring.

Or

Give your toddler some prepared pudding to finger-paint with. Again, *remember clean hands before the project starts.* Hint: To help the toddlers distinguish between when it's okay to mess and when it is not, use something like a large plastic lid (as from a 5 qt. ice cream bucket) or similar container to be used only for finger painting in.

Play Dough

Mix: 1 cup flour
1/2 cup salt
2 Tbsp. vegetable oil
1 tsp. alum (may be purchased at either grocery or drug store)

Add: 1/3 to 1/2 cup water

Stir in small amounts of water until consistency of bread dough. For colored dough mix food color to the water or to the finished dough. Store in air-tight container in refrigerator. Keeps well. *Note: Due to high salt content don't allow toddler to eat it. For those who are still in the "everything goes in the mouth" stage try the following.*

Edible, Peanut Butter Play Dough

1 18 oz jar of peanut butter
6 Tbsp. honey

Mix with dry milk until it has the right consistency for molding. Raisins make a great addition. *Note: Be sure the little hands and working surfaces are scrubbed clean before starting.*

"Testing himself against reality is about the most important thing human beings learn. It is our definition of sanity." Sara Bonnet Stein, New Parents' Guide to Early Learning.

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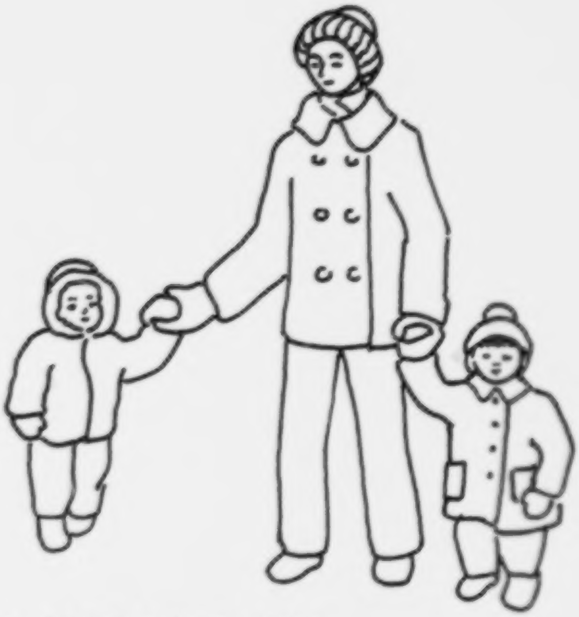
*See illustration on front page.

Basic Needs of Toddlers

24 Months to 36 Months

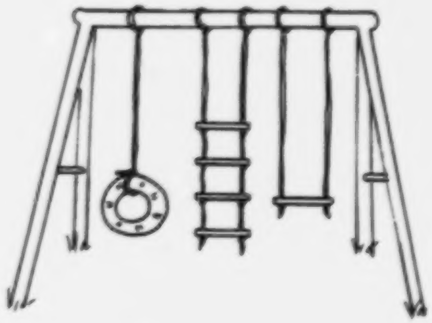
Toddlers at this time mainly need caregivers who respect them as distinct persons. They need a caregiver who will be their friend, who will talk with them, who they can go to for help and comforting, and who will use adult strength to help them control their changing emotions and impulses. Toddlers need caregivers who can see them through toilet training without shaming them and who will give them credit for the many things they are learning. They need caregivers who have reasonable expectations for them; expectations which will help the toddlers in their care grow into secure individuals.



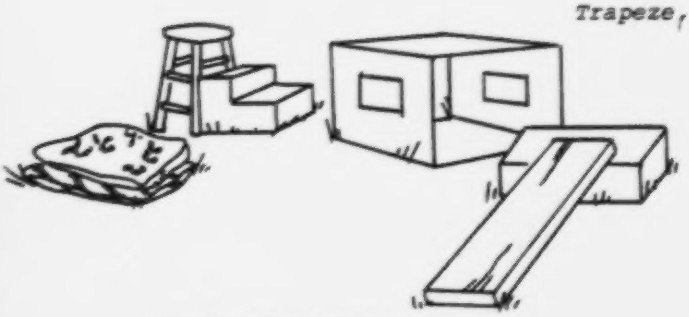
Walks: To see a house being built, the street fixed, to play in the park, to see a turtle taking a walk.

Sturdy Tricycle

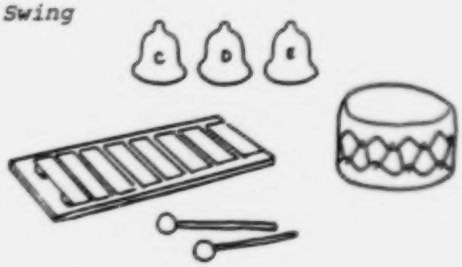
Books and Bug Keepers



Knotted Rope Ladder, Trapeze, and Tire Swing



Obstacle Course



Music and Instruments to play, dance and march to

LEARNING BY OBSERVING

List some observations you and the parents have made about the toddler(s) at this age.

Toddler uses body by . . .
(Jumping on both feet, catches ball with arms and chest)

Toddler communicates by . . .
(Talks in ten-word sentences, sings "Pop Goes the Weasle")

Toddler reacts socially by . . .
(Gets excited when Shannon comes to play, etc.)

What are some differences you have noticed in toddlers at this age?

GENERAL CHARACTERISTICS 24 Months to 36 Months	GOOD THINGS FOR TODDLERS 24 Months to 36 Months
Physical	
• Toddlers now have improved body control. They can ride small tricycles. Like to arrange and rearrange things around them.	• The right size and sturdily made tricycle. Blocks, boards, or cardboard boxes to build with.
• Try out various skills such as jumping over things, off things, balancing, limping, walking backward, turning doorknobs.	• A safe place and an audience for their tricks such as walking backward, jumping, and dancing.
• Try self-help skills such as dressing themselves with various degrees of success, brushing teeth, washing and drying hands. Like stringing beads, lacing and unlacing shoes.	• Time enough to get themselves buttoned up and zippered. Toys that will help them practice these skills. Stool to stand on so they can reach the sink.
• Gain bowel and bladder control.	• Clothes that are easy to remove for going to the bathroom, reminders to go before going outside, down for naps, etc.

Note: Accidents should be dealt with as inevitable (with practice comes perfection). Remember that some children will have poor control even though they are "trained." Many children have accidents when they are under stress, busy or tired.

GENERAL CHARACTERISTICS (Continued)

Intellectual

• Curiosity is still strong if it has been encouraged. They explore and problem-solve, i.e., use a stick to recover toy from under couch, can listen to sounds and guess what made them.	• Opportunities to figure things out on their own.
• Imitate the way grownups and older children act and talk.	• Adults who behave as they would like the toddlers to learn and behave.
• May count up to 10 or 20 but don't understand number meaning yet. Can learn jingles and rhymes.	• Play "One, two, buckle my shoe," etc.
• Understand simple commands and explanations.	• Limit instructions to one or two steps.
• Can tell name and address.	• Practice saying their name and address. Teach them what to say if they lose you or Mommy anywhere.
• Notice small discrepancies such as mistakes when reading a familiar story.	• Change the names in a familiar story and let them catch you at it.
• Can stay with some projects which interest them, up to one-half hour.	• Avoid needless distractions when they are drawing, building with blocks, etc.
• Are beginning to gain skills that help them control impulses.	• Notice and show your approval when they look tempted to hit someone but stop themselves.

Language

• By 36 months many children can say 400 to 900 words. They can usually talk in four- to five-word sentences and are able to express both thoughts and feelings. They can understand enough language to carry on a normal conversation.	• Name the things they are interested in. Don't correct the way they say things, simply say correctly what they said. Read books with simple story lines, do finger plays, sing songs together, and above all, talk and listen to them!

Social

• By 36 months many toddlers overcome their negativism ("No," etc.).	• Give them a hug--now give yourself one, you deserve it!

GENERAL CHARACTERISTICS (Continued)

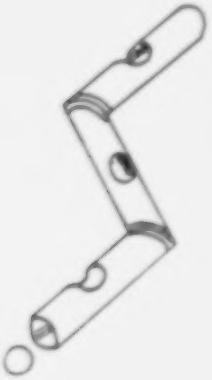
- Are beginning to be able to do limited sharing and taking turns. Can sometimes understand another's point of view. Are proud of their own achievements.
- Still play at being baby occasionally.

- Opportunities to play with other toddlers. Caregivers who support their efforts to be cooperative, to share and to take turns. Caregivers who notice their abilities and achievements.
- Caregivers who respect their need to be babies sometimes and in some situations.

TOYS AND ACTIVITIES

Tube Slide

Connect several large cardboard tubes with strapping tape. Cut windows on upper sides of the tubes so toddler can watch progress of ball, car, etc.



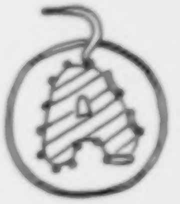
Finger Play

A teensy weensy spider
(Opposite thumb and index fingers climb upward atop each other)
Climbed up the water spout.

Down came the rain
(Wiggle fingers for rain)
And washed the spider out.
(Fling hands and arms down and out)

Out came the sun
(Arms form circle)
And dried up all the rain.
(Hands open wide and upward in lifting motion)

And the teensy weensy spider
(Thumb and index finger climb upward)
Climbed up the spout again.



Lid Lacing Card

1) Cut out simple designs (or letters of the alphabet) from contact paper.
2) Put one design or letter on each of several plastic lids.
3) Punch holes around the contact paper, either following the outline of the design, or just in a circle.
4) Use a long shoelace for lacing.

"Some parents think learning is something that happens in the brain only. They think 'educational toys' promote learning better than anything else. They are misinformed. Learning for children involves the whole body: eyes, ears, mouths, teeth, hands, feet, tummies, arms and legs. All parts of the body need to be valued and exercised."
Jean Marzollo, Supertot.

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*See illustration on front page.

INFANT/TODDLERS HEALTH HINTS

As caring adults, none of us intentionally jepordize a baby's well being by placing him or her in an unsafe situation. There are, however, many times that we do so unintentionally. Some times this happens because we have never experienced and felt the fear and panic of seeing a choking child struggle for breath, or had to pace the floor in an emergency ward awaiting the verdict while doctors are doing their best to save the baby, who had only a half hour earlier, been happily exploring a lamp cord with her brand new teeth. And, at other times we place children's lives on the line because we fail to take into account what is normal for most children at certain developmental stages and/or, the fact that in spite of certain averages, each child is also unique. Thus, we assume that all 2 month olds are safe left on a sofa for a moment or two until we leave little Joe there who promptly wriggles and falls to the floor and suffers a severe concussion.

As you read the following section keep in mind some of the old adages such as "prevention is the best cure", and "a stitch in time saves nine". You will be rewarded by fewer accidents and health problems, and the babies in your care will enjoy the freedom to grow to their fullest potential.

How to Avoid Causing or Spreading Illness. Listed below are some precautions to follow in order to prevent the spread of illness.

. Cough and sneeze away from babies - better yet, if you have a cold wear a mask when you are in close contact.

. Isolate ill children or don't accept them for care when they are ill.

. Dispose of contaminated tissue immediately.

. Don't make a child "blow" into the tissue but simply wipe away the mucus. Blowing often forces fluids into the ear canal promoting infections in the middle ear.

. Wash any toys a sick child has been playing with in soap and water before recycling into general use. To further sanitize toys and equipment cleanse with a solution of 1 T. of chlorine base bleach to 1 gallon water. (Be sure this is kept out of children's reach.)

. Reserve certain places and times for feeding. This will eliminate bottles or eating utensils being dropped by one child and picked up by another and children otherwise eating contaminated food.

. Never "prop" a bottle or leave a bottle in bed with a child. Babies lying down with their bottles are extremely vulnerable to ear infections and tooth decay.

Do not feed the baby from the baby food jar if part of it is to be stored for further use. Enzymes from the saliva in the mouth will react with the food and destroy the nutrient value of the food stored.

Always wash hands thoroughly after wiping noses, before preparing food, feeding children and before and after diapering. Help the children learn the same routines by teaching them the proper hand washing techniques and when to use them, as part of your daily activities with them - beginning at infancy.

To correctly wash hands:

1. Wet hands with running water (any temperature).
2. Soap hands well, rubbing each hand well.
3. Rinse with running water.
4. Soap again, (rinse soap, before replacing in soap dish) again apply friction. This time the soap should lather well.
5. Rinse under running water until all soap is removed.
6. Dry thoroughly to avoid chapped skin.

- Establish good personal hygiene habits.

1. Diaper babies on their own diapering surface or on disposable covers.
2. Wash perinial area thoroughly after each diapering to avoid bladder and kidney infections.
3. Dispose of diapers in covered container immediately.
4. When toddlers are learning to wipe themselves, teach them to wipe from front to back, making sure that all stool is cleaned away. This is especially important with little girls who are very susceptible to vaginitis as well as bladder and kidney infections. Boys may, also, become infected if their undershorts become heavily smeared with stool.
5. Of course, always practice proper hand washing techniques.

Practice accident prevention. Information on accident prevention including falls, poisoning, choking, burns is included in the Health and Safety Unit. Included also is basic 1st Aid information. Refer to this unit or the book A Sigh of Relief for further information.

EQUIPMENT CONSIDERATIONS

The following information is included to help you evaluate the use and safety of your equipment and to review before purchasing additional equipment.

STROLLERS - Check the stroller for safety by asking yourself the following questions:

1. Does it have a scissor-like slicing action when snapped into an open position? Could the x-joints on the rear conceivably pinch or crush a baby's hand or finger in the process of closing it?
2. Do the brakes have positive locking action with tabs that fit firmly into the spokes of the wheel?
3. Will the stroller remain stable even if a baby stood up in the seat and leaned backwards? Test the "tippability" of the stroller by pressing on the back handles.
4. Does it have both a waist and crotch restraining belt which can be adjusted snuggly around a baby of any size?
5. Does it have a firm, supportive back, rather than the sling type backs which often cause the baby to slump forward?
6. Does it have an adjustable footrest which can be placed so the baby can actually contact it?
7. Does it have flexible tires rather than rigid plastic "balloon" tires to protect against excess jarring?
8. Does it have a well balanced frame and wheels that turn all at once? Can you steer it with one hand?

CAR SEATS - According to the editors of Consumer Guide the following points are important to keep in mind when purchasing and using child restraint systems.

1. Car seats which have a tether strap coming out of the upper back portion provide superior protection by anchoring the car seat to the car and preventing the seat from striking the side or the front of the cars interior.
2. Seats which combine molded seat shells with tubular steel under framing are safer and more durable, on the whole, than seats which consist of separate base, back, and headrest mounted on aluminum or other metal tubing.
3. It is extremely dangerous for any child to ride in a large area of a station wagon! Never allow this practice.
4. If, for some reason, you do not have a car seat available for your child while riding in a car, then restrain the child with an adult seat belt, preferably in the center of the back seat. Simply riding in the back seat reduces the rate of serious injury by 21 percent.
5. Never use a child's car seat on a bucket seat or on a

seat which collapses forward, such as those in two door automobiles. Also, do not try to anchor the car seat by using seat belts that are on a continuous loop. In all three cases, the child should be placed in the rear center of the passenger compartment.

6. Never put a child in a car seat without having the car seat anchored securely. A car seat that is not securely fastened will only serve to rocket the baby forward or out of the car, often causing more injury than would have occurred had the child simply been fastened in with the seat belt.

Other features listed were:

For Infant Car Seat - for infants up to about 20 lbs.

- Rearward facing position
- No sharp, serated surfaces
- High back for head protection
- Sturdy Adjustable straps

For Child Car Seat - for children generally between 20 and 40 lbs.

- High back for head protection
- Carrier tethered to back seat of car
- Elevated seat allows viewing out windows
- One piece molded plastic shell
- Sturdy adjustable straps

CRIBS - Federal safety regulations for full size cribs became effective February 1, 1974; and for non-full size cribs, August 10, 1976. These regulations require that spaces between the slats be no more than 2 3/8 inches to prevent infants from slipping between the slats. They also set a minimum distance between the top of the mattress and the top of the side rail to help prevent children from climbing over the rail.

If you own a crib that was manufactured before the regulations went into effect, be sure to use bumper pads, securely tied in place, to prevent falls between the slats. They are particularly dangerous because an infant's body will usually pass between the slats, but the head will not and the child could be strangled. Remove bumper pads once the child can stand up to prevent them from being used to climb out.

As soon as a child can stand up, set the mattress at its lowest position and lock the side rail at its highest position. Do not put boxes or large toys in the crib that could be used for climbing.

Remove children from cribs once the side rail height is less than three-quarters of their height.

INFANT CARRIERS - (Plastic Seat-type) If you buy an infant carrier, be sure that it is stable; usually the wider its base, the more difficult it will be for a child to upset it.

Keep an infant carrier away from the edge of any high surface. Never leave a baby unattended in an infant carrier.

Always use any belts or other restraining devices provided.

Be sure the carrier has a non-skid surface on the bottom. If it doesn't attach rough-surfaced adhesive strips.

Do not use an infant carrier as a car seat.

DRESSING TABLES - Always strap your baby in place on a dressing table. Remember, though, that even straps do not always prevent falls. They are no substitute for close supervision.

A table with guard rails offers some additional protection against infant falls. So would a table with a recessed rather than flat top.

HIGH CHAIRS - Select a high chair that is stable--one that cannot be pushed or tipped over easily and that will not fold up while the child is in the chair.

Check the tray to be certain that it is properly locked in place.

Be sure that the child is strapped in properly and that the straps are secure.

Teach children not to stand in high chairs, and caution older children not to climb on them.

BABY WALKERS - Select a stable walker, one with a wheel base wider and longer than the frame.

Baby walkers can tip over when moving from one surface to another--from rug to floor, over a door threshold, from a sidewalk to a lawn. The ideal play area for a baby walker is a flat, smooth surface.

Always use guard fences at the top of a flight of stairs to prevent falls.

PLAYPENS - Do not leave large toys or boxes inside the playpen that could be used for climbing. Likewise, avoid decorative items which tie or strap across the top of a playpen since children can use these for climbing. The playpen should not be used once a child is able to climb over the side.

TOILET TRAINING/TOILET LEARNING
or "Much to do About Doo-Doos"

Toilet training or "toilet learning" as it is becoming more popularily phrased, is perhaps the effort that most often puts the parent-child-caregiver relationship to its most severe test. This is not surprising since each adult comes to this developmental challenge with different experiences and often different goals. The very phrase, toilet training, will send shivers up and down the backs of some caregivers and parents, whereas others will simply smile and say, "I find it a fascinating process." Why the different reactions? Chances are, the first group has not discovered some of the secrets that have been working for the second group. Following are some of the Toilet Learning Success Group's toilet training secrets. These people will henceforth be referred to as the TTSPs (Toilet Training Success Persons). In checking out their secrets you may find that you are already part of this group or well into its membership. If not, with time, thought and patience you'll get there.

1. The TTSPs realize that toilet learning begins at birth. It begins when the adult respects the baby's need to feel dry and clean and good. They make the diaper changing time one that is pleasant for both and one that leaves the baby feeling good about all of his body and his bodily processes. They talk in matter of fact language about the stool, the urine, the penis, the vagina or whatever labels they and the parents have agreed upon. They avoid references to icky, pewie, stinky, etc.

2. They are honest about their own feelings. After a whole day of changing diapers on a 20 month old with diarrhea it is not unusual for one to feel out of sorts. The TTSPs will probably say, "I am sure getting tired of changing all these diapers. I'll bet you're tired of having them too, huh baby?"

3. The TTSPs will make sure the baby, from early toddlerhood, has opportunities to see appropriate toileting practices being modeled by their own sex.

   Caregiver's husband, "Chad, do you want to go to the bathroom with me?"

   Caregiver, "Lisa, I'm going to the bathroom. Why don't you come along?"

4. They provide potty chairs that stand securely on the floor (and from which the children can place their feet securely on the floor) for the toddler to practice sitting on long before it is time to actually begin training.

5. They know that every child's muscles and nervous system develop at very different rates. This means that each child's ability to control the muscles used for urination or bowel movements is dependent on the development of his central nervous system. Consequently, even the child who can use all "the right words" and knows mentally what "going to the bathroom" is all about, may not be quite ready while another child the same age, whose language skills are still at the pointing-grunting stage, may be so ready she trains herself.

6. The TTSPs also watch the child to see when she is really interested and when she really understands: (a) what they want her to do, (b) why they want her to do it, and (c) how to do it.

Other points the TTSPs practice are:

- use of consistent and accurate language.
- showing pride when the child is successful, but do not go overboard since that will only heighten a child's sense of failure when the inevitable accidents occur.
- treating accidents matter of factly with an attitude that they are also part of the toilet learning experience.
- labeling "training pants" as "underpants" or "undershorts". This helps the children relate to the fact that they are growing up and gaining "grownup" skills. When they wear "underpants" they will try hard not to mess them, because the adults whom they look up to don't mess theirs.
- dressing the children in clothing which the children can manage easily.
- recognizing that by waiting until the child is really ready they will have spent approximately the same time on washing or buying diapers as if they started too soon and had the child finally trained only when the child was ready anyway. The former makes for a good experience, the latter creates a stressful experience that often has a negative influence on the child's further emotional development and the adult-child relationship.

FEEDING THE INFANTS AND TODDLERS IN YOUR CARE

Most often caregivers find it an easy matter to feed the babies in their care. What the parents ask them to do seems to fit in with their own notions of what is good for the baby and the baby thrives. There are times, however, when things don't run so smoothly. What do you do, for instance, when the mother says that the pediatrician doesn't want to start solids until the baby is 6 months old and you raised your own successfully starting them on cereals at 6 weeks? What do you do when a parent brings pureed carrots for the 3 month old's breakfast when you feel cereal and fruit is real breakfast food?

The first thing to keep in mind is that the parents have the responsibility as well as the right to decide what is good for their baby. However, a provider who feels that there is a real need for a dietary change should share her concerns with the parents who will, hopefully, share them with the baby's doctor.

Secondly, it is important to remember that each baby is different and has different needs. Most pediatricians take this into consideration when they make feeding recommendations to the parents.

Thirdly, we need to recognize that many feeding methods that have been practiced in the past have now been changed. These changes are based on more recent studies about the nutritional needs of infants.

And fourth, close observation of the child provides the best clues about her individual nutritional needs along with her other needs. Since the provider is often with the baby much of the day, her observations are important. While noting what is going on with each individual baby some basics to keep in mind are:

- Breast milk or formula is nutritionally superior to cereal, vegetables or fruits in the first few months and is more easily digested. The very early feeding of solids is open to question because studies of stool samples show that most of the solid foods pass through undigested. When this "undigestable" food replaces the formula or breast milk the baby may not get enough vitamins or other nutrients.
- As a rule of thumb - a baby who has 5 or 6 wet diapers a day is getting enough formula/breast milk.
- Babies need to be held when given the bottle for several reasons:
    1. Being held helps in forming an attachment or in building a trust relationship between the baby and the primary caregivers.
    2. It also prevents the 'Nursing Bottle Syndrome' which is tooth decay caused in early childhood when babies take milk bottles to bed with them. Constant introduction of milk to the teeth will cause bacterial action which eventually rots the teeth.

3. Propped bottles also increase the chances of ear infections in the small child.

- The baby's swallowing mechanism is not developed enough to handle solid foods until between 3 months to 4 months of age.
- Babies begin to show an interest in solids by staring at food, reaching out for it or seeming hungry after milk feeding. This behavior may show up any time between 3 months to 8 months of age, depending on the child.
- It is best to start babies on bland foods first, gradually introducing spicier foods as the child grows older. Keep in mind that foods which seem very bland to an adult taste just terrific to the baby.
- Introduce new foods at one week intervals in order to catch any potential allergic reactions.
- Start with small amounts and don't force the baby to eat when not hungry or appears not to like the food.
- Avoid feeding baby ice cold or very hot foods.
- Use a small spoon and give the baby a spoon to hold as well.
- Feed the baby only in an upright position to avoid the possibility of choking.
- Make sure the baby is securely fastened in high chair and is never left alone on a table in an infant seat, belt or no belt.
- Babies, before the age of 6 months, should have finely pureed food, whereas after 6 months, or so, they can begin to eat coarser foods.
- By 6 months babies usually show an interest in feeding themselves. They should be provided with finger foods that they can mash with their gums and tongue and which are saliva soluble. Always peel fruits. Never give hard foods such as raisins, nuts or foods that can break into hard chunks such as some types of crackers or raw vegetables, like carrots, after the baby has his first 'biting-off teeth' but still not his 'chewing teeth' or chewing skills.
- Remember that in the process of being weaned, as in other activities, babies are all different, and therefore, tend to go about getting weaned in different ways. Some need a long time and others will wean themselves as early as 7-8 months. And sometimes they may go back to the bottle, temporarily, if some sort of stress or trauma enters their life, like moving or starting in day care.
- Although there is no 'right time' or 'right way' to help the child through the weaning process, it is good to keep the following in mind.

1. Whether weaning from the breast to the cup, the bottle to the cup, or the breast to the bottle to the cup, it is best to drop the old familiar feedings one at a time, making the changes gradually in order to lessen the emotional stress to the baby and to assure that the baby gets enough liquids in the process.

2. The baby who has been given her own cup to hold and experiment with, long before she is expected to drink all her liquids from it, will adjust to the cup more easily.

In summary, then, as a caregiver of infants and toddlers your main responsibility is to (1) support the parents' wishes, (2) to observe and document (record) the baby's feeding progress and behavior so the parent and the baby's doctor can use these observations along with their own when making decisions as to what is appropriate for that baby, and (3) when the parents seem to rely on you for nutritional and feeding information share what you have learned so that you can both adapt to their baby's particular needs.

DISCIPLINING THE INFANT AND TODDLER

When we discuss discipline of infants and toddlers we must recognize that we are talking about our influence on the very foundation of the child's social development. Even though factors such as heredity, and physical and emotional characteristics play a role in this development, our ability to understand and adapt to these characteristics and to the normal growth characteristics of young children plays an equally important role.

First, you may want to look at your goals. What sort of things do you hope the three year olds in your care have going for them as they leave infancy and toddlerhood? Studies show that people who seem to get along well, socially and otherwise, had the following characteristics in common at age 3.

- They had the ability to get the attention of adults and were able to keep their attention.
- They were able to use adults as a place to go for help and support.
- They were able to show their feelings to adults, whether feelings of affection or anger.
- They had the ability to be either leaders or followers when playing with children their own age.
- They were able to show feelings of affection as well as anger to their age mates.
- They were able to compete.
- They were able to show pride in themselves and in their own accomplishments.
- They were able to pretend and to act out roles. Also, they had the ability to guess how someone else might feel or were able to see a situation as another person might see it.
- They were able to understand when spoken to and to make themselves understood through use of language.
- They could anticipate consequences or figure out ahead of time what the result of certain actions might be.
- They were able to feel when things weren't quite right or when things were not in harmony.
- They could deal with abstractions and make interesting associations.
- They could plan and carry out activities that required several steps.

- They were inventive in their use of materials.
- They were able to pay attention to several things at once.

You will also need to consider some developmental factors involved in infant/toddler learning. Following are some of the characteristics that need to be kept in mind for 0 - 3 year olds.

- They learn through their senses - by exploring and experimenting.
- They learn from the example of others and from feedback they receive from others about their behavior and abilities. They also learn from the results of their own actions and experimentations.
- Anywhere from 6 to 22 months of age they go through a normal phase of being afraid of strangers (stranger anxiety). They will also go through a similar phase of being afraid of being left by their primary caregiver (separation anxiety).
- Sometime after 14 months of age an awareness of themselves begins. This starts a normal phase of development commonly referred to as 'negativism'. This may come early, 14 months or so, and leave early; or come on late and leave late, but is normally over by age 3.
- Also, they are extremely curious - they have short memories - they have limited experience upon which to base decisions - they may know words but do not fully understand their total meaning - they are physically underdeveloped - they must move - and, they all need attention.

Next let us see how we can best help the infant and toddler develop into a 3 year old who has the ability to control himself, who has a good feeling about himself, who is considerate of others, and who, in general, has the abilities discussed in the beginning. To do so it helps to keep in mind the following.

1. Be consistent. Infants and toddlers have short memories, but they will learn through repetition. They know before they can do.
2. Respond positively to behavior you like and want to see the child continue. Children all ages will continue to do whatever gets them the most attention.
3. Set a good example. Young children learn from example, by watching and listening to those around them.
4. Allow children to learn from their own actions. For example, when they throw all their toys out of the fence, they will not have them to play with.

5. Show respect for their rights and abilities. A child whose right to speak is not honored, for instance, will not learn to respect others' rights to speak. It must be kept in mind that young children's size and immaturity in no way takes away from their right to be respected.

6. Each child is unique. The child who is extremely active may need more opportunities to satisfy his need to move through opportunities to play with extra toys and equipment. Whereas a less active child may require extra cuddling. Then again, . . . close observation of the infants and toddlers in your care might show you that just the opposite is true.

7. Help children learn to control themselves - when a toddler has a temper tantrum as a way to relieve her frustrations, help her calm herself down by firmly, but kindly, holding her on your lap with your arms surrounding her as you tell her that you will help her feel better.

8. Help the child learn to understand that it is better to make someone feel good than bad. When the child causes another child to cry because she hit, pinched, etc., have her help comfort the victim by encouraging her to stroke the spot that was hurt all the while explaining that what she did hurt the other child and now she needs to help that child feel better.

9. Give choices only when a child is capable of making them and when you can live with them. Remember the under 3's have limited experiences upon which to make decisions. So give choices that they can practice making decisions with and which say that you can be relied upon.

10. Let them learn about something off-limits under supervision. Children are naturally curious, let them investigate that beautiful candle on the shelf while you hold it and explain that this is not a toy for them to play with but that they can ask you to show it to them again. For really young children (under a year) such things should be put away.

11. Use your voice as a guidance tool. Use a firm moderate tone when you want to show your displeasure - children prefer to please when that is possible. Your voice lets them know when you are pleased or displeased.

12. Show children what you want - children's language skills are not always as good as they may seam; help them by accompanying your words with action. For example; move them away from an object when you say "No. No."

13. Use positive commands - help the child understand what she should do, not just what she shouldn't do. "Hold the glass with both hands, then the milk won't spill", not "Don't spill the milk."

14. Provide the security of rules and limits that are reasonable, clear and simple. Then evaluate each rule or limit by asking yourself, is this limit necessary. . .

    a. for the child's safety?

    b. for the safety or well being of others?

    c. for the protection of property?

    d. or is it primarily for the convenience of adults?

    e. or does it really keep a child from trying things, i.e., learning through exploration and experimentation?

    f. or has the child out grown the need for this limit?

    g. and can it be reasonably enforced?

15. Give the child the attention she needs until she feels secure with you and the new environment. Remember that separation anxiety and stranger anxiety are normal fears. Children placed in strange situations and with strangers are not being cry babies or acting spoiled, the simply need time to adjust. This is true for children going through any type of upheaval such as illness, loss, change in home environment and so forth.

4. LIST OF POSSIBLE PROJECTS

a. Children in the infant/toddler stage learn primarily through the use of their senses. Make a series of toys for the infant(s) or toddler(s) in your care that will encourage them to use their eyes, nose, ears, sense of touch and taste. (See core unit for ideas or make up your own).

b. When guiding the behavior of toddlers it is more effective to use positive statements than negative statements. For one day keep a checklist (self-observation) of all the times you used a negative statement instead of a positive statement; such as, "Don't throw sand!" rather than "Put the sand in the bucket." The next day do a similar checklist except this time list each time you almost used a negative statement but changed it to a positive one. The third day check off each time you simply made a positive statement.

Note: To change or learn new patterns takes time (repetition) for us as adults just as it does for children, so if this is not a form of communicating that you have customarily used, give yourself time and consciously practice this skill until it becomes more automatic and comfortable. Continue to chart your own progress until you feel you have mastered it.

c. Learn and practice 6 new songs and/or finger plays to do with your infants and toddlers.

d. Take a look at the environment the infants and toddlers have to operate in (try this from a position on the floor). Does it . . .

(1) give them opportunities to learn to use their whole bodies without danger to them?

(2) provide opportunities for them to make choices?

(3) provide opportunities to do as much as possible for themselves?

Make a checklist of the things you feel give them these opportunities. Make a second list of additional changes or items that you might add to the first list. Carry out the second list.

e. Read two books on infant and/or toddler development. Write a short paper or prepare to discuss with your trainer . . .

(1) What were main points the author was trying to make?

(2) How does what the authors had to say compare with your observations of children?

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Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection. In addition, many of the books are also available from Toys 'n Things Press, 906 North Dale Street, St. Paul, MN 55103. Please request a current catalog.

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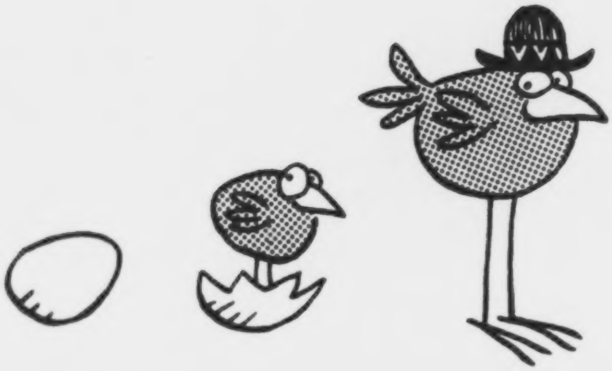

Ages and Stages of Child Development

INTRODUCTION

1. HOW CHILDREN GROW AND DEVELOP: SOME BASICS TO REMEMBER
2. INFANTS AND TODDLERS

   Birth - 6 Months
   6 - 12 Months
   12 - 18 Months
   18 - 24 Months
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3. PRESCHOOL YEARS

   Three Year Olds
   Four Year Olds
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4. CHARACTERISTICS OF CHILDREN AND NEW ACTIVITIES

   Presenting a New Activity
5. EARLY SCHOOL YEARS

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

Many of the difficulties which both parents and caregivers have when working with children stem from lack of information and unrealistic expectations of children in various ages and stages of development.

This unit is designed to clarify those expectations and to help caregivers see how they can encourage and facilitate the growth and development of children in their care.

The major goals of this unit are:

- *To help caregivers understand that the pre-school years are a period of rapid growth and development.*
- *To help caregivers understand the normal sequence of development and that children must successfully complete one stage of growth before they can successfully manage the next stage.*
- *To help caregivers understand that children's behavior is influenced by their needs in various stages of growth and in order to help children manage their behavior, caregivers must be aware of the different stages of development.*
- *To promote understanding that growth is continuous, but it is not always steady and does not always go smoothly ahead. Caregivers should expect a child to slip back occasionally.*
- *To help caregivers understand the need for making appropriate activities available for children at these different ages and stages.*

The unit has five sections; the first deals with general information on how children grow and develop, the second deals with developmental characteristics of the newborn up to 3 years; the third deals with developmental characteristics of 3 to 5 year olds, the fourth is a summary and activities planning form and the fifth is an additional reading on school age children. Each section can be studied and discussed separately with particular emphasis given to those areas in which the caregiver seems to have the most interest or need. Caregivers need not answer all the questions for each age group, but rather be encouraged to review appropriate sections when the children in their care grow into new stages of development. Both of the units Observation of Young Children and Your Home: A Place For Learning can be used in conjunction with this unit. In particular, caregivers' observations can be used as specific examples of children's developmental stages. The unit Your Home: A Place For Learning provides many suggestions for activities as well as information on planning and presenting activities.

AGES AND STAGES OF CHILD DEVELOPMENT

One of the important aspects of caring for children is understanding the various stages of child development and growth. The first years of a child's life are very important. What happens to an infant or a toddler may affect him for the rest of his life. As a caregiver, you are a V.I.P. (Very Important Person) in the lives of the children in your care. What you do and the attitudes you express in words or actions will affect each child.

This unit will help you clarify and reassess your expectations and activities for children at different ages. The unit has five sections. The first section includes general information on how children grow and develop, the second deals with developmental characteristics and activities of the newborn up to 3 years, the third deals with developmental characteristics and activities of 3-5 year olds, the fourth is an activities planning form and the fifth is a less detailed reading on school age children. Each section includes a reading on overall characteristics of a particular stage of development, a listing of general growth characteristics, corresponding suggestions for activities, and discussion questions. You may want to concentrate on those sections that include activities and developmental information on children currently in your care and keep other sections as a ready reference for developmental information and activities as the children in your care grow to new stages of development.

When doing the suggested activities, you may find that the characteristics listed for children of a particular age do not seem to fit a child of that age in your care. When that happens, check the characteristics listed in the age group immediately preceding or following the child's age. Look for those characteristics which fit him developmentally and choose the activities accordingly. Selecting activities according to the child's developmental characteristics rather than chronological age will help the child who is slightly behind to grow to the next stage and will provide the somewhat advanced child with more stimulating activities. If you find a child who is more than 6 months behind in the majority of characteristics listed, you should discuss it with your trainer and the child's parents.

1. HOW CHILDREN GROW AND DEVELOP: SOME BASICS TO REMEMBER

1. No two children are alike. Each one is different; each child is a growing changing person.

2. Children are not small adults. They do not think, feel or react as grownup people do.

3. Children cannot be made to grow. On the other hand, they cannot be stopped from growing. Even though children will grow in some way, no matter what care is provided for them, they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development.

4. Most children roughly follow a similar sequence of growth and development. For example, children scribble before they draw. But no two children will grow through the sequence in just the same way. Some will grow slowly while others grow much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in his language development but less advanced in his motor coordination.

5. During the formative years, the more successful a child is at mastering the tasks of a particular stage of growth, the more prepared he will be for managing the tasks of the next stage. For example, the better a child is able to control behavior impulses that he has as a two year old, the more skilled he will be at controlling the behavior impulses he has as a three year old.

6. Growth is continuous, but it is not always steady and does not always go smoothly ahead. You can expect children to slip back occasionally.

7. Behavior is influenced by needs. The active 15 month old baby who touches, feels and puts into his mouth everything about him is responding to a growth need, not just being a nuisance who gets into everything.

8. Children need to feel that they are loved, that they belong, that they are wanted. They also need the self-confidence that comes from being able to meet situations adequately. It is important that experiences which are offered to children fit their own maturity level. If a child is pushed ahead too soon, and if too much is expected of him before he is ready, his failure may discourage him. On the other hand, a child may also be slowed up in his growth if parents or caregivers do not recognize when he is ready for more complex or challenging activities. Providing experiences that tap into both skills that the child feels confident in, as well as some new skills that will challenge him, will provide a balance of activities which will facilitate healthy growth.

2. INFANTS AND TODDLERS, by Erna Fishhaut

The first thing to learn about a baby is that he or she is an individual, different from every other baby. He may be tiny but he is a complete human being with feelings, needs and rights that are uniquely his own.

People sometimes think that in the first 3 months if you just feed and change a baby that is all that is necessary. Actually, very young infants begin to show signs of social and emotional growth as well as motor and language development. A baby learns very early that he can quiet himself by rocking or sucking. He begins to respond to sounds and faces and certainly reacts to being tickled, jostled or cuddled.

The key to dealing with the infant 3 months or under is to remember that he responds - that he should have attention and opportunities to react to people and things around him. When the baby is awake, take him out of his bed and move him around. By using an infant seat or a plastic bath tub with a pillow, you can take the child with you as you go about your work. Talk to him, sing to him. Even when he is in a playpen where you have hung bright colored objects for him to see and reach for, it is important to communicate verbally with the baby. We all know that environment plays a large part in shaping an individual and it should be noted that when we speak of environments in relation to the infant, we refer mainly to the human environment. The crucial role the mother or caregiver plays has been well documented. A child this age is usually less demanding than he will be later, but this is the time when learning begins, when social and emotional development takes shape.

Parents and caregivers must begin immediately (in the first weeks) to stimulate responses. For example: when changing or bathing a baby - talk or sing; when you pick him up to move him - cuddle and talk. Respond to his cries, smiles, cooing and let him know that what he does is noticed. Remember that just because an infant cannot talk, that does not mean that he cannot listen. The people around him are his means for learning and developing - he should not be treated as if he were a "thing" instead of a person. Most of us would not think of helping a 3 year old bathe or dress without any conversation.

We should not think of doing things for an infant in silence either. When we describe the characteristics of good care of an infant we speak mainly of how the adult behaves with the baby - what atmosphere is created.

As a child grows and learns to sit up and move around we have to add to his environment. More things for him to see, to reach for, to touch and grasp. During the period between 3 and 4 months a great deal of growth takes place. The baby becomes active. He plays with his hands and feet, he grasps and holds things and manipulates them - often directly to his mouth which is still the most sensitive area of his body. This is the time to begin patty-cake and peek-a-boo; give finger foods to develop chewing and to exercise gums as well as to encourage hand to mouth motion (cubes of cheese, bananas, dry toast, bread crust, cookies); encourage upright supported position for feeding; provide a variety of multi-colored textured objects that the child can hold; encourage exploration of body parts; provide floating toys for bath.

Show the infant how to use toys and objects. Talk to him as you demonstrate and then allow the child a chance. Don't expect perfection, much repetition will be necessary.

An infant who is left alone for long periods of time may become bored or fretful. He learns that crying and whining result in attention, so make special efforts to attend to the infant when he is quiet and amusing himself - talk to him as you pass. Continue to hold and play with him as much as you can. At this age (4-8 months), babies begin to show signs of timidity, fretfulness, and may whimper and cry when mother leaves or when strangers pick him up. It is best to allow infant to cling to mother and get used to people a little at a time. Encourage gentle handling by mother, father and siblings. Discourage rough handling, particularly with strangers. By the time a child is 6 to 8 months, he begins to respond to "no-no". Reserve "no-no" for when it is really needed. Be consistent with the term "no-no" for activities and events which require it. Be friendly and firm with verbal control or limit setting.

As a child passes the 9th or 10th month and approaches his first birthday, he will be able to drink from a cup or glass with some help, feed himself with his fingers or sometimes a spoon. So make meal time a part of the family meal. Bring his high chair to the table so he can have the social interaction.

At this age he is ready to go places on his own and is trying out newly developed motor capacities. This should not be confused with naughtiness or stubbornness. His environment should be extended again but with limits.

Begin setting and enforcing limits on where child is allowed to travel and explore. Remove tempting objects. Remove sources of danger such as light sockets, protruding pot handles, hanging table covers, sharp objects, hanging cords. Keep child away from fans, heaters, certain drawers, and do not place a vaporizer close to an infant's crib. Keep the high chair at least two feet away from working and cooking surfaces in kitchen. Use a gate to keep the child out of the kitchen when it is being used. Be certain that pans, basins and tubs of hot water are never left unattended. Remove all possible poisons or substances, which are not food but which can be eaten or drunk, from the floor, low level cabinets, and under the sink.

As the child begins to move about, you can stimulate his motor development if you will give him opportunities and space to practice creeping and crawling. Encourage the child to practice moving on knees to improve balance prior to walking. You may also provide walkers or straddle toys. Play airplane with the child or have him practice catching himself while rolling on a large ball. Play activities should also be increased as he is awake more hours of the day. Continue the adult infant games of peek-a-boo and hiding an object but add more objects. These do not need to be expensive toys, but can be household items such as pots and pans, cans, spoons, plastic bottles, cups, balls, cubes. Give the child many opportunities to place objects in containers and pour them out. Encourage interactive play with older children also. The year old child is also beginning to test adult reactions during feeding and may become choosey about food. It may help if you provide a regular pattern of meal times; refrain from feeding throughout the day; allow the child to decide what he will eat and how much;

introduce new foods gradually over a period of time; continue to offer foods which may have been rejected; don't force food; do not physically punish children for changes in eating habits. This is not naughtiness, it is a part of growing and exploring.

Somehow once a child begins to walk, life takes on a different perspective. One day you are providing opportunities for him to practice walking and climbing and suddenly you are having to find ways to set boundaries for him. The toddler has learned to run and climb stairs as well as furniture. Now your help is needed in providing a wide variety of play activities. The toddler plays by himself or may play near others; has preferred toys; enjoys walking activities, pulling toys; throws and picks up objects, throws again, imitates; i.e. reading newspaper, sweeping. You can introduce him to other children even though they will not usually play together. Provide music, books, magazines; encourage imitative activities such as helping with dusting, sweeping, stirring. Give toys that can be pushed around. Supervise activity with paper and large crayons. Provide toys such as cubes, balls, cups, saucepans, lids, ragdolls, and other soft cuddle toys. Begin introducing child to swing and wheel toys such as tricycles.

At this age the child is learning mastery over his own impulses and learning self-control. During that process he will begin to test you and the limits that you set. Some things to remember are to show a child when you approve of his behavior and praise him for obedience throughout the day. Immediately correct errors in misbehavior as they occur. Be consistent in enforcement of rules. Ignore temper tantrums. This is an exciting age for children and a trying time for parents or caregivers because the child seems to be into everything. If you expect this you can make your own life easier by removing dangerous or breakable items from the toddler's play area and from his reach.

Generally, the best way to take care of a baby is to observe him carefully and be guided accordingly. Watch him! Take note of what he does.

-What is his stage of motor development and activity? What can he do? How much activity is there? How does the baby use his hands and fingers? What kind of manipulation of objects occurs?
-What kinds of sounds does he respond to? How much does he verbalize?
-Does the child notice others? How much does the presence of an outsider inhibit him?
-Can you get any clues as to how the baby feels? Happy, distressed, irritable?
-Does he show interest in and use toys? Which ones does he like?

As you observe and get to know the baby, try to organize your thinking and be creative. Variations on activities can be endless; you can change, expand, substitute, devise entirely new ideas. The basic premise is that each child develops at his own rate and within his own personality.

It is up to you, "The Stimulator", to encourage the child by making him feel secure, by giving as much individual attention as possible, and by providing appropriate materials and activities. In other words, you are the key to his well-being.

BIRTH - 6 MONTHS

In the first few months of life babies may be characterized by the things they do most; eating, sleeping, eliminating, crying and cooing or babbling. In their waking hours they may lie quietly for a time just looking about, or may cry loudly. Both of these actions are normal and necessary in the development of awareness of themselves and others. Their development depends both on biological factors and on the quality of care they receive. As parents and caregivers, it is essential to provide babies with the best possible environment for good development.

Children of all ages thrive on love and attention. Babies need cuddling, loving and touching. They need to know their needs will be met in order to gain a sense of security and well-being (no need to worry about spoiling them at this stage). Talking to babies is also an important activity. The sound of a gentle, happy voice is very reassuring to them. Their schedule should be flexible and should provide a variety of activities that help to develop an awareness of space, time, and other aspects of their surroundings. Babies should spend time outside of their cribs each day so that they can look and move around.

As you the caregiver work with babies, you should be aware of some other characteristics they have. Listed below are a few that you can look for as well as activities that are helpful in fostering development.

CHARACTERISTICS

Respond to smiles.
Pay attention to voices and recognize their parents' voices.
Pay attention to other sounds, like music, loud noises, sirens, rattling, and the vacuum cleaner.
Begin to imitate actions and sounds.
Develop a schedule of their own - eating, sleeping, waking, etc.
Learn head and body control, eye and hand contact.
Like to touch and feel.
Are individuals.
Are social beings.

ACTIVITIES

Babies need fresh air and sunshine. Take them outside each day when weather permits.
Provide babies with things to look at and manipulate, such as mobiles and rattles.
Play records or sing to them while clapping hands or playing with rattles or other noise makers.
Play with them. Have fun together everyday.
Place them on their tummies and move a rattle back and forth, up and down in front of them.
Touching activities - provide objects that have different textures.
Water play - allow them time to play with a wash cloth or toys during bath time.
Put the babies on a soft blanket without clothing. The freedom from tight clothing is very enjoyable as long as it is warm enough.
Hold objects over their hands and encourage them to grasp and reach.

What are your favorite activities that are good for babies of this age?

Why should babies be held and talked to?

Will a child develop normally if left alone? (Give the reasons for your answer).

What reasons would you give for providing babies with other activities, besides feeding, changing, and loving?

6 - 12 MONTHS

By the time babies reach 6 months many changes in their behavior have occurred. They still need all the loving and cuddling you can give, but signs of independence are beginning to appear. They may cry in a different way and laugh when amused or happy. Contact with other people brings them genuine joy. Babies of this age love to be in the center of activity. The characteristics listed below apply to this age group. Activities which correspond are also listed.

CHARACTERISTICS

- Babble to people.
- Cooperate in simple games.
- Turn toward speaker or sound.
- Have longer attention span.
- Recognize own name.
- Have improved hand-eye coordination.
- Put everything in mouths to find out what it is.
- Make playful responses.
- Begin to learn about object permanence (peek-a-boo).
- Show persistence in doing things.
- Show ability to learn by watching others.
- Manipulate objects.
- Move about on hands and knees - some children take a few steps around 1 year.
- Use fingers to hold food and other objects.
- Wakeful at night.
- May be fearful of strangers.

ACTIVITIES

- Place toy or object on blanket and encourage child to pull on blanket to reach toy.
- Place toy where it can be seen, then place cardboard or book in front of toy. Encourage the baby to find the toy, but do not tease.
- Show them their reflection in the mirror.
- Show babies picture books - one object per page. Name and point to object. Examples - vegetables, fruits, animals, people, cars, trains, airplanes.
- Take them out socially so that they will be less fearful of strangers.
- Put teddy bear under a blanket and watch for it to be discovered.
- Talk while playing together, "Where did teddy go?", "Find your toy", etc.
- Take babies outside everyday. In winter bundle up warmly. Use common sense in regard to when it is too cold.
- Provide soft blocks made of cloth for stacking and putting in rows.

What are your favorite and most successful activities for children this age?

Why do babies need to play games like the ones we have listed?

What do babies find out by looking in a mirror?

What do children learn from peek-a-boo games?

Why is talking recommended when playing with a baby?

12 - 18 MONTHS

During this period, self-expression is very evident. Language is beginning to be important. They may put words together and will spend time repeating words over and over just to hear the sound of their own voice. They can balance much better now. Sitting, standing, walking and running are becoming routine. They are also becoming aware of their own feelings and the feelings of others.

CHARACTERISTICS

Respond to verbal requests.
Start actions alone.
Stop action if told to do so.
Insist on mother when being cared for or helped.
Can manipulate objects, open and close boxes.
May name toys and familiar objects.
Are more aware of own bodies.
Get into things.
Determined to do what they want to do but can be distracted.
Want to taste everything; toys, tape, shoes, dirt, sticks, grass, etc.
Do things for a purpose.

ACTIVITIES

More squeezing, hugging and playing.
More rough and tumble play.
Water play in small dish pan or tub.
Obstacle course - place obstacles around room for babies to go over, under and around.
Give them a basket or shopping bag to put toys in. An old purse that is easy to get into is fun too.
Searching games - place graduated boxes inside each other.
One-piece puzzles - work with child but do not do it for him.
Introduce crayon and paper.
Wrap up a favorite toy in a cloth. Encourage child to find it by unwrapping.
Hide-and-seek, peek-a-boo and other similar games.
Stack blocks.
Place toy on rail of play pen or crib, have the baby knock it off. Move around crib so that the baby has to move also.
Sort two different objects like spoons and blocks.
Provide things to climb on and little stools and chairs to sit on.

What are other activities (or your favorites) for this age group?

Regarding children of this age group in your care, what physical changes have taken place in the last three months?

What are some of the personality traits of the child in your care?

Do you notice speech changes taking place? If so, what are some of them?

What games does the child enjoy the most and why?

How does he/she react to adults around him/her?

Does the child enjoy other children? If yes, why? If no, why not?

18 - 24 MONTHS

As a caregiver, you will need many resources and an abundance of strength as well as patience in order to do a good job of nurturing toddlers. Children in this age group are constantly challenging you, and you will be called upon to keep a level head and in fact be a happy, joyful person and a good model for the children. The model you present is a vital example for the children to use when they are confronted or have a problem to solve. Never forget that you are being watched. You can help children develop a positive self-image just by the way you act and treat them. Your interaction with children can contribute to their healthy development in the following areas: thinking, language, body expression, body control, social play and responsiveness, and emotional and physical self-awareness. Listed below are some general characteristics and appropriate activities.

CHARACTERISTICS

Naming objects, animals, pictures, songs, etc.
Like to pretend and explore.
Begin to use "me", "I", and "you".
Listen to music, stories, and conversations.
Mimic parents and brothers and sisters.
Generally very affectionate.
Often talkative.
Use hands to build things.
Run and climb quite well.
Scribble with crayons.
Put on hats and old shoes, like to be silly. Clown around.
Try to control others by testing and resisting.
Want to make own choices.
Are aggressive and frustrated easily.

ACTIVITIES

Water Play - provide plastic cups, sieves, pots and pans for pouring.
Stories and Pictures - materials to paint, paste and color.
Push and Pull Toys - home-made are good.
Simple tape recording done on cassette or inexpensive recorder so that child can hear his own voice.
Large equipment to ride and climb on.
Block Play - sorting blocks by shape, color, or size.
Play with a large ball - throwing, catching, kicking and rolling.
Provide various sizes of boxes to climb into or lug around.
Blanket over card table for "house".
Dancing to music.

Which activities do 18-24 month old children in your care seem to enjoy most?

How does the young child learn about himself?

Why should young children have stories read to them and be encouraged to look at books?

Have you given children this age things to work with such as paper, paste, and crayons? If not, why? If yes, what reactions did you notice?

Do children in your care seem to have characteristics similar to those listed?

24 - 36 MONTHS

Children of this age are becoming very social beings and need many contacts with adults and other children. Children should have friends of other sexes, races and life styles. They love to meet new people and test out new situations. They still need all the love and security you can give them, but they also need other contacts and opportunities to play with a variety of different materials and activities. Some other characteristics to watch for are listed below.

CHARACTERISTICS

Name many objects.
Longer attention span.
Solve problems, reason and compare.
Learn to obey rules.
Great curiosity and investigative ability.
Channel aggressiveness to get positive results.
Speak in short sentences.
Continue to have great curiosity and an ability to get into messes and scrapes.
Self-awareness. They test their own abilities and limitations.
"NO" is a favorite word. Usually, comply with parent's or caregiver's wishes anyway.
Express ideas verbally and physically.
Like to participate in chores and do simple "run and fetch" tasks.
Like to show off strength and daring.
Have a sense of humor.
Can be stubborn, determined.

ACTIVITIES

Trips to the zoo, parks, stores - be sure to name products as you go along.
Sliding in the winter and making snow people.
Sandbox play in the summer - provide toys to scoop sand with (spoons, sieves, pots).
Water play with the same utensils - soap suds or food coloring in the water is fun.
Colored shapes to identify and match.
Story time - with flannel board.
Music time - teach simple action songs.
Finger play - puppet play.
Play with housekeeping toys - mop, dust pan, broom, stove, sink.
Doll play and dress-up clothes.
Paints, paper and easel.
Pasting activities such as making collages.
Large muscle activities. In the winter take large balls to basement. Tricycles, horses and other things like slides can also be used downstairs.
Running and crawling games can be very good especially if the children imitate animals or cars, trains, airplanes, etc.

What activities do 24-36 month old children in your care enjoy the most?

What value would children get from going on a field trip?

What can children learn from sandbox play?

What do children like about water?

What can children learn from playing in the snow?

3. PRESCHOOL YEARS, by Erna Fishhaut

People who work with young children must be sensitive to all of the dimensions of the child's world. First there is the child himself, the center of his world. Then there are the people, the places, the things, the experiences that surround and affect him. Each of these factors must be considered carefully.

The child grows rapidly in many ways. His body matures physically (he grows taller and heavier), his coordination improves, his perceptions sharpen. The ability to relate to more and different people improves and slowly the child learns to understand the many emotions he feels. At the same time, the mind grows and expands and the youngster becomes more inquisitive, asks more questions, needs to explore and discover more than ever.

All these kinds of developments take place at the same time but not at the same pace. The child is a complex organism. His physical development may be far ahead of or far behind his social or intellectual or emotional development. Yet the growth in any area will affect everything he does. If a child is unhappy for some reason he may find it difficult to work or play at activities that are designed to help develop his mind or strengthen his body. The person caring for young children, therefore, must be aware of the total world of the child. Knowing what to expect of the average child can help, but the caregiver must carefully observe each child and be able to provide support to the child as he needs it. For example, although Tommy may be very agile and usually can climb to the top of the slide in 30 seconds flat, the day may come when Tommy asks you to hold him as he climbs slowly up the rungs. Perhaps he didn't sleep well. Maybe someone called him a baby or maybe his baby sister got all of Mommy's attention and he wants to be given that special attention that a baby gets.

As we look at the preschool child's development and at appropriate activities, keep in mind that the child's behavior is always influenced by his needs and that no child ever fits a mold. A general description simply allows us to be aware of the possibilities of differences among children. Even the term preschool child is very broad. We are really talking about the ages 3, 4 and 5 and while there are many similarities, there are also many extreme differences.

The 3 to 4 year old child is becoming very capable in the use of his body. He can walk downstairs using alternating feet, balance on one foot for about 10 seconds, hop on one foot, swing and climb. The activities, therefore, are almost limitless. He needs only a safe place to use stairs, ladders, and other climbing apparatus. Natural materials such as low trees or an old tree trunk placed on its side on the ground are great fun and provide good opportunities for muscle development. Another idea is to set up an obstacle course using boxes, boards, blocks, barrels, etc., so the child can practice going over, under, around, through, etc. This can be very simple but children love it. Even on a rainy day when children must stay indoors, an obstacle course of kitchen chairs, footstools, wastebaskets, etc., can keep a preschooler busy for quite a long time.

By the time the child turns 5 he has usually learned to balance quite well, skip, jump and heel-toe walk. While musical games are fun for the

3-4 year old, the 5 year old can really be successful skipping, jumping, tapping, keeping time to music or learning simple dance steps. If you like to dance you will really get a kick out of dancing with the child. But be careful not to "lead" too much. Try putting a record on (or the radio) and let the child show you and you follow his lead.

Small muscles are also developing rapidly. The preschool child can handle puzzles (start with 3 or 4 pieces and progress to 10-12 pieces) and many other manipulative toys. You can use old cans of different sizes to make a set that will fit into one another. Or you might keep a box of old bottles of different sizes and shapes and have the child match the screw-on tops to the right bottles. Clay or play dough are always favorites and can hold a child's interest for a long time if you add cookie cutters, rolling pin, spoons, tongue depressors, popsicle sticks, spools from thread, etc. Also, painting, coloring, chalk and blackboard, and scissors and paper are always popular. To save money on paper use old catalogs, magazines, the supplements and ads from the Sunday paper and also the "junk" mail that you might otherwise throw away.

By age 3, most children are fairly capable in the skills needed to take care of themselves. They can eat with very little assistance and can serve themselves with just a bit of help. You may have to cut meat or remind them to take a little at a time, but serving family style is a good plan and helps save some steps for the adult. The preschool child loves having responsibility and can help set the table and clear and wash up after meals. Talking over plans for menus so the child can make some choices is good. In fact, mealtime can be a pleasure if you set some clear rules and take the time to sit down with the children and talk with them while you all eat. Remember that at this age the rate of growth is slower than the infant or toddler's and the amount of food a child eats will vary from day to day. A good rule is to start with very small portions and plan on seconds if neccessary. For example, a 3 year-old may eat only 1 ounce of meat, 1/2 potato and 1 tablespoon of peas one day and 2 whole peanut butter sandwiches another day. The 4 or 5 year-old may eat a bit more but is still not ready for adult sized portions.

Other self-help skills that preschool children have developed are related to toileting. If clothes are simple to handle you can assume that 3-4's and 5's can take full responsibility (though they may occasionally need help with wiping). Accidents may happen, but if you are calm and do not shame or ridicule the child, you will find that they will not happen too often. Praise for the child's accomplishments will go a long way in helping him reach full independence.

Sleeping can be a problem for those who care for preschool children if every child is expected to nap and for the same time each day. Children's need for sleep varies as do all needs. The range is from 10-15 hours daily. Assuming that most children sleep about 10 hours per night, you can see that while some could nap for 3 hours or more, others simply do not need more than a brief quiet period to relax before they are ready for more activity.

A rest after lunch is a good pattern to set but for the child who does not sleep, it might take the form of looking at books, listening to records, playing quietly with small toys or some other quiet activity.

Children of this age (3-5) take great interest in dressing and undressing themselves. At first they do not know the back from the front of clothes, they do not know the left shoe from the right, and are generally slow in getting things on and buttoned. But as they get some practice, children become very capable and so adults must encourage them. Be sure clothes are simple (buttons are large enough and zippers work), and allow plenty of time. Of course, it is easier and quicker to lend a helping hand, but in the long run you will save time and effort if you encourage the child and let him do it for himself.

The young child is curious. There is a need for time, space, materials and resources to pursue individual interests and find answers to questions. Most of all, the child needs adults who are understanding, patient and flexible. They need adults who realize that a young child is not really sure of himself and that he is experiencing feelings he does not really understand. The preschooler can take turns during play with others beautifully, but the next minute be almost impossible in his demands for the adult's attention. He can play for longer periods than before and is more imaginative in combining playthings or using odds and ends.

There are the children who will play with empty bags, boxes, cans and cartons. They will find joy in your old but good discards. The old shoes, clothes, hats, jewelry, purses and scarves can stimulate hours of play. The old wallets, notebooks, checkbooks, paper clips, stapler will create an aura of big business that you will find hard to believe. And, so it goes on and on. You do not have to buy expensive toys, you just need to understand that a preschool child is trying to find out how things work - why people do what they do - what do things mean.

If a 3 year-old could explain his feelings, he might say:

> ... There are some things I know I do well, but there are some things I can't do at all. That way I'm like a lot of people.
> ... I want to be able to be a 3 or 4 year old when that's what I am, and not have to act like a 5 year old; when I am 5, sometimes I feel like a 2 year old and if I act like one, I want it to be all right.
> ... I want to explore how things work, and if I break one thing when I'm trying to find out how it works, I want someone to understand why I broke it.
> ... I want to know that when I feel like being bad, I can be bad and I will still be loved.
> ... I want to know all the funny things that happen in this world like what happens to water when you pour it on the ground.
> ... I want to run and run and climb and find all the things I can do with my body.
> ... I want to know what makes little girls different from little boys.
> ... I want my teacher to show me when she loves me, and when she's mad at me I want to know it.
> ... I want to show my teacher when I am mad at her and have her know I really mean it right then; and I want to show my teacher when I love her.

> ... I want to have fun with children my own age - I want to fight with them, eat with them, mush in clay with them and watch it ooze through everybody's fingers; I want to hit them when I am mad or when they don't do what I want, and most of the time I want to be with them.
> ... Sometimes I just like to be alone - I just like to sit and think and watch with my thumb in my mouth. Sometimes I don't even want to eat and I hate it when somebody tries to make me.
> ... Sometimes I am very busy and I don't want to stop when someone tells me to.
> ... Sometimes I have to kick someone's block building down just to see what happens.
> ... Sometimes I just like to play in the water - it feels so soft and smooth and comfy.
> ... Sometimes when my mommy comes after me at night I don't want to go home (I am so busy) but sometimes I need my mommy so much I can't wait for her and my caregiver tries to help me, but even she isn't very good then.

And if we adults could read the child's mind - or if he could actually say these things to us - what would we do. Would we behave differently?

Would we realize that the child who is walking along the back of our good sofa is not naughty but that he needs to climb and balance himself? Would we go out of our way to provide a place to climb and set the appropriate limits?

Would we think of ways to help children understand that boys are different from girls and not worry about children using the bathroom at the same time?

Would we remember that when a child says "I hate you" that he is probably angry but that angry feelings are okay and that in a little while the same child will say "I love you".

Would we work out the argument between children when one has kicked down the block building of another?

Working with preschool children requires infinite patience and willingness to go slowly, to stop and listen to what each child says, and to think carefully about what the child's behavior means. Remember that the child may be imitating models of behavior set up by parents, brothers, sisters, a neighborhood child, or maybe a TV hero or he may just be trying out an idea.

At this age the child is beginning to show interest in conforming - being like you. A few suggestions that may help you deal with young children are: Give simple explanations. Listen carefully to what children say. Allow the child a chance to demonstrate understanding by talking about an event or situation or rule. Eliminate unnecessary and impractical rules. Praise the child for successful performance. Don't use punishment without warnings.

Most important - keep in mind that there is a definite relationship between how a child feels and how he learns. The opportunity to learn can be compared to a law passed by a legislature and the feelings can be compared to the appropriation that must be made available also. In other words, a law to provide child care for all those who need it would be useless without the money to purchase care. In the same way, all kinds of marvelous activities for stimulating learning are worthless if the child is not feeling good about himself and the people, places and things around him. So the first priority of a person caring for a child is to make him feel that he is important, that he belongs and that he can do whatever needs to be done.

THREE YEAR OLDS

Children, by age three, have become much more like individual persons than like babies. They are less negative than two year olds. They enjoy being with and talking with others. Three year olds can help with simple tasks and each child needs some things that he can do well and feel successful about. They also need practice in making choices and decisions about specific alternatives, for example; "Which shirt do you want to wear today - your white one or your red one?"

CHARACTERISTICS

Enjoy consistency from day to day.
Like to manipulate objects.
Are toilet trained.
Beginning to learn colors.
Enjoy simple puzzles.
Feed themselves well.
May have imaginary friends.
Know a few nursery rhymes.
Beginning to understand time sequence.
Enjoy playing with 1 or 2 other children.
Need love, affection and attention.

ACTIVITIES

Crayons, pasting and creative materials (just for the fun of it - remember, it is the process not the product that is important at this age).
Small cars and trucks.
Paper punch to make holes.
Beginning to act out roles.
Blocks and block building.
Body movement and exercise activities.
Simple songs and rhymes.
Like to be read to and like to sit near you when you read.
Water play with measuring spoons, cups.
Boys as well as girls enjoy dolls.
Sorting and matching objects.
Simple games.
Like to help with household chores.

Which activities do three year-olds in your care enjoy the most?

Why do children this age need opportunities to play with other children?

What do you find the most interesting about the three year-olds you are caring for?

Is it necessary to teach children specific skills such as pasting, cutting, and coloring within the lines? Why, or why not?

FOUR YEAR OLDS

Four year olds are active, independent and able to communicate their needs well. They are very aware of themselves as people and often assert themselves with adults. They are less interested in adults and what they have to say than they were just a year ago. They need and seek other children with whom to play. Their play is usually active and loud. Much of the play is imaginative "let's pretend...". They need opportunities for making decisions about what they are going to do. They also need experiences with the world outside the home. They are interested in the work people do and learning about others outside their immediate family.

CHARACTERISTICS

- Dress themselves.
- Talk fluently and a lot.
- Seldom nap during the day.
- May have some unrealistic fears.
- Interested in sex differences.
- Pretend to be real people - doctor, nurse, teacher, firefighter, etc.
- May use "bad language".
- Brag, boast.
- Beginning to make identifiable things with creative materials.
- May name their creations.
- Like real objects to play with - hammers, phonographs, flashlights.

ACTIVITIES

- Outdoor play.
- Lots of blocks, cars, animals and things for building.
- Carpentry - hammer, saw, nails, spools, paint.
- Lotto games
- Trips to the fire station, library, bakery, gas station, office.
- Marching to records and songs.
- Legos
- Climbing equipment.
- Stories with exaggeration and humor.
- Tricycles, wagons, hoses, shovels.
- Anything they can do with a friend.
- Watching repair people and workmen/women.
- Starting a collection of bugs, rocks, shells.
- Play with clay or playdough.

Which activities have you found to be good for rainy days when children in your care could not go outside?

How have the four year olds you have cared for shown their independence?

What fears have you noticed in children of this age?

Why do you think four year olds sometimes use unacceptable language?

FIVE YEAR OLDS

By this age, preschool children are quite competent individuals. They are agile, have a large vocabulary and talk a lot. They enjoy and need an adult who will listen and answer their questions. They are much more aware of others and of doing things. They need a good model for ways of dealing effectively with others.

Five year olds look forward to going to school and the status that it brings. However, children entering school may also be concerned about whether or not they will be accepted. They need your support and understanding during their first few days as they may become more irritable, tired, and disagreeable.

CHARACTERISTICS

- Feel important and need to be treated with respect.
- Need opportunities to play with others their own age.
- Beginning to like organized games.
- Recognize landmarks.
- Beginning to collect all kinds of things.
- Interested in factual stories.
- Beginning to plan their own activities.
- More secure - little bragging.
- Count to 10 and beginning to recognize letters and words.
- Concerned about death.

ACTIVITIES

- Painting, drawing, coloring.
- Building things with others.
- Playing catch.
- Simple card or board games.
- Playing active group games - duck, duck, grey duck; drop the handkerchief; jump rope; hopscotch.
- Taking responsibility for appropriate "jobs" around the house.
- Simple riddles.
- Records.
- Outdoor activities.
- Going on short errands to store.
- Help bake cookies, make pudding or jello, and other simple cooking tasks.

Which activities have you found to be of greatest interest to five year-olds?

What kinds of things can you do to help support a child on his first day of school?

Which kinds of questions or observations about others outside the home have you noticed five year olds being concerned or asking about?

How do you expand the interests and activities of a child this age?

4. CHARACTERISTICS OF CHILDREN AND NEW ACTIVITIES

CAREGIVER'S SUMMARY

Name of Child	Age	Characteristics of Children I'm Caring For	Are these similar to the ones listed for his/her age group? Which activities is he/she behind or ahead?	Possible New Activities to be Tried

PRESENTING A NEW ACTIVITY

Name a new activity you are going to try with the children.

Why did you select this activity?

When do you plan to do this activity with the children?

Date ______________________________ Day _________________ Time_______________

What materials will you need?

How do you plan to prepare the children for the new activity?

TO BE COMPLETED AFTER THE ACTIVITY

How did the children react to the activity?

What would you do differently next time?

5. EARLY SCHOOL YEARS, by Erna Fishhaut

Tall and slim, short and chubby, wiry, clumsy, lanky, slow, fast, agile, bright, dull. All these describe the typical school age child. In other words, there is very little we can say that is really typical of children ages 6-12. There is no way to describe physical growth patterns of the young school child except to say they are uneven. Some grow steadily, others in spurts, but in any group of children of the same age, you will find differences of almost a foot in height and 20 pounds in weight.

Obviously then, we can expect that their social, emotional and intellectual growth will vary also. It too will be irregular. Thus, we must look at each child as an individual and not compare one child to another. Even as we look at one child, we must expect peaks and plateaus of growth and development.

We can be aware of the stages a child will go through and be prepared to give the support and care that is needed all along the way.

As the child starts school, (even if he's been in day care or nursery school) he must make a new adjustment. The transition to "big school" is not an easy one and often for the first time a child finds himself in a large group of children - all the same age - all competing for the attention of just one teacher and all having to conform to the same rules. The child needs to develop a clear understanding of his own special or unique role in group activities and that indeed he will sometimes assume the role of leader and sometimes follower.

The teacher may be seen as an idol or villain, but in either case, children love to play "school". If you provide a few props such as books, paper, pencils, a ruler, a blackboard and chalk, you will soon get a picture of what goes on in the classroom as the child acts out the situation in his attempt to cope and understand his own role in it.

As he gets older, starting school is not so difficult to deal with but the need to talk it over is always there. Direct questions such as, "how was school", or "what did you do today" do not usually get much response but a relaxed quiet time when you are really available to listen and a statement that shows you really care will help. For example: "You must have really worked hard in school today, you look tired," or perhaps "You didn't like the spelling lesson yesterday, how did it go today?"

"After school" does not mean the same thing to every child. For some it is a time to release the pent up energy that has been under wraps all day. For others, it is a time to relax and calm down from the "high" stimulated by school activities.

For almost all children a snack is the first order of business. Cookies and milk will always do the trick, but it is not always the most nourishing. The person caring for a school age child can be creative in making this short meal a constructive activity. Have the ingredients ready and let the child prepare his own snack. This will give him a feeling of responsibility, a sense of accomplishment and a more interesting snack.

Some ideas are:

Peanut butter and jelly sandwiches
Cinnamon toast
A milk shake
Sliced orange with coconut
Crackers and jelly
Carrot and celery sticks
Pudding
Jello

While the child prepares his snack, you can sit nearby and supervise and at the same time make yourself available for conversation.

Some children will gobble down the food and be ready with - "Can I go play?" When a child is entrusted to your care, how far can he go when he goes "out to play?" The school age child seldom wants to be kept "in the yard" or in the house. How far you allow him to go must depend on several things:

1. Where can he go to play that is nearby and safe? Is there a park? Can he go to a friend's house? What are the children there like? What are the activities there?

2. Are you familiar with the neighborhood? Can you readily respond to his question, "Can I go to the Smith's house to play with Billy?" Do you know what he means when he says, "I will bounce my ball down to the green house?"

3. Do you have some clear rules about going away from the house and returning? Do you have a plan to enforce the rules and do the children understand the rules and the consequences of breaking the rules?

4. Is the child's parent aware of your rules and willing to have his/her child venture away from your house alone? If this is a question - it is one you need to discuss with the parent. If the plan is reasonable then you must help the parents understand that "moving out" for play is a part of the child's growing independence.

5. Finally, the amount of freedom a child is given should be directly related to his responsiveness to the rules. If he is responsible and keeps his word about where he goes and when he returns, then the distance he can go should be gradually widened.

Then there are the children who would settle in front of the TV set immediately after school and stay until they are pried away. Although some TV shows are all right for children, most are not, and besides the poor quality of the programs, watching TV is a very passive occupation. Young children need activity and experiences that will have a positive effect on their development.

For children who have an active imagination, a few props or games will be enough to get them going, but for the shy, quiet or less aggressive child the caregiver must take the responsibility for planning appropriate activities.

This does not mean plan a continuation of school but, it does mean plan things that are fun and that contribute to growth and development.

Some schools may not have a very good physical fitness program for young children because the gymnasiums are usually busy with the older children. You might think about what things a child can do in the house or outside that will help develop his large muscles and coordination. Tumbling such as somersaults, cartwheels, headstands, handstands are a challenge and all you need is some kind of mat, heavy rug or mattress and you are in business.

Timing a child as he skips to the corner and back or setting up hurdles to jump over are also good ideas. Games such as twister or hopscotch are old favorites.

For quiet activities games and crafts present a million variations. For example: paintings can be done with brushes, Q-tips, gadgets, sponges, old tooth brushes, straws and many other items. Painting can be done on newspaper, paper bags, old wallpaper, aluminum foil, old gift wrapping paper. Ideas for crafts are readily available in libraries, women's magazines, newspapers and then there is always the hobby shop. Seasons and holidays provide many ideas for gifts, decorations and table favors.

Children who have just learned to spell and read are fascinated by word games. These need no props - just your participation. If you do not remember the games from your childhood, check with a few older children or try the library again. And if you wish, try some of the current ones like password, twenty questions, etc. Games like checkers, dominos, lotto, Chinese checkers and chess can intrigue children for hours.

Field trips are important. They do not need to be often, but they should be well thought out. There are familiar places such as the zoo and the museums, but good field trips can be simple, such as a trip to an apple farm to buy apples to make applesauce, or a trip to the lumber yard to get scraps to be used for woodwork activities. A saw, a hammer, nails and a basket of scraps of wood can yield all kinds of interesting projects. Or if a saw and hammer, which require some supervision, are not feasible, use wood and a bottle of glue for wood sculpture.

If glue or paste is available but no wood, try making scrapbooks. Old catalogs, magazines or all the ads that are a part of your "junk" mail are terrific for cutting and pasting. Scrapbooks are most interesting if you can offer a choice of subjects or themes. For example, a collection of pictures on sports or weather or cars is good or to help a child learn a concept such as hot and cold or big and little.

Caring for young children may seem like one big headache and it can be if they have nothing to do and nowhere to go. Children left to their own devices with no equipment or materials may well get into mischief and the situation ends up in a struggle between the adult and the child. This need not happen if you think ahead. Plan the hours, that is, figure out in advance what choices you will offer the child.

... Do you want to make yourself a peanut butter sandwich or would you rather make crackers and jelly?

... Would you like to paint with sponges or Q-tips?
... Do you want to play a game or do you want to practice your somersaults?
... Now it's rest time - do you want to look at books or magazines or do you want to listen to a record?

Most of all, remember that the growing school age child is still unsure of himself. Once in a while he wants to act like a baby and be comforted like a baby. But usually he wants to be seen and treated as the "big kid" that he is.

He can be responsible for many things and will usually respond well if there is a balance which allows him to make mistakes, ask questions and mostly, to be treated with respect.

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Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection.

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UNIVERSITY OF THE NEST

Your Home: A Place for Learning

INTRODUCTION

1. YOUNG CHILDREN: WHAT DO THEY NEED TO LEARN
2. LEARNING ABOUT SELF AND RELATIONSHIPS WITH OTHERS
3. LEARNING ACTIVITIES AND HOW CHILDREN LEARN
   Sensory Perception
   Cognitive Development
   Creativity
   Social/Emotional Development
   Physical Development
4. PLANNING AND PRESENTING LEARNING ACTIVITIES
5. ARRANGING SPACE FOR CHILDREN
   Indoors
   Outdoors

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

This unit is designed to help caregivers of young children become more aware of how and what children learn through their activities, their surroundings, and their relationships with others. It should help caregivers answer questions such as, "What can I do to help children be prepared for school?", or "Should I be teaching the children in my care?" It is hoped that the unit is broad enough so that learning is seen as much more than reading, writing and arithmetic and that teaching is viewed more as an act of facilitating and encouraging rather than didactic instruction.

The purpose of the first section is to help caregivers assess their own values and to recognize that what children are learning in the early years should reflect those values. Section 2 emphasizes the impact the caregiver has on the children in her care. It is designed to sharpen the caregiver's awareness of her obligation to help meet the needs of each child in her care. Section 3 gives a framework for understanding learning processes in children and provides a number of sample activities which the caregiver could use. Because of the complexity of this topic, you should plan to review this section thoroughly with the caregiver. You might also plan to model some of the activities with the children during one of your home visits. Section 4 briefly discusses techniques for planning and presenting activities. You should help the caregiver learn to apply these techniques by jointly planning one of the activities with her before she presents it to the children. You may find it helpful to incorporate content found in other units into the activity planning session. In particular, referring to the charts found in the Ages and Stages Unit would help assure that the activity is appropriate according to the ages of the children in her care. The major goal of this section is for the caregiver to experience success and to feel that careful attention to activity planning and presentation is really worth the effort. The cooperative planning process will help insure that the experience is not a negative one. The last section is designed to help the caregiver structure her home environment appropriately for the care of young children. Arranging her home to meet the children's needs should be seen by her as useful and not as a sacrifice of adult or family needs.

YOUR HOME: A PLACE FOR LEARNING

Often we think of our homes as just a place for food, shelter, togetherness and our many daily tasks. For the children in your care, it not only functions as a place for security, warmth, and care, but it also serves as one of their first places for learning. This unit is designed to help you examine how children's surroundings and activities influence what they learn. These influences include your relationship with the children, toys and activities they are involved with, and how the indoors and outdoors are arranged.

1. YOUNG CHILDREN: WHAT DO THEY NEED TO LEARN?

It is easy to think that children will get most of what they need to learn when they go to school. This is perhaps true when we think of such subjects as arithmetic, spelling and writing. However, many important skills and concepts that children learn at a very young age will have a strong effect on how well they do in school and what kind of adults they grow up to be. Some of these include:

- *learning how to express feelings appropriately.*
- *learning about the feelings of others and to accept differences in other people, both adults and children.*
- *learning to feel safe and secure and to trust others.*
- *learning to work and play cooperatively with other children.*
- *learning to feel successful, independent and good about themselves.*
- *learning to accept rules and limits and to exercise self-control.*
- *learning to be curious, use materials creatively and to solve problems.*
- *learning about the world around them and how to describe it.*
- *learning to use and understand their bodies including developing skills in balance, coordination, endurance and strength.*

One way to think about what children need to learn is to think about what characteristics you would like to see in them when they are adults.

What characteristics in adults do you respect the most?

What characteristics do you think children need to develop which relate to the characteristics in adults listed above?

Can you remember an experience that helped or did not help you develop some of these characteristics when you were a child?

2. LEARNING ABOUT SELF AND RELATIONSHIPS WITH OTHERS

Children basically learn from their experiences and involvement with all that surrounds them. This includes their experiences with their parents, with you as their caregiver, with other children and with toys, games, art activities, television, just to name a few. From these experiences children make judgements about appropriate ways to behave, what to expect from others, and their worth as individuals. As their caregiver, you have an enormous impact on their understanding of themselves and others. Your positive involvement with them and others will help children in your care develop self-confidence, positive relationships with others and an eagerness to learn.

Many of the things you already do naturally will help each child develop to his full potential. These cannot be underestimated nor can they be forgotten during the somewhat hectic days involved with caring for children. These are not frills or extras, but are necessary for the successful total development of every child. Each child needs:

- *your warmth and affection; this is how a child learns to love and be affectionate himself.*
- *to be treated with respect and understanding; this is how he learns to respect others.*
- *a chance to talk and interact with you on a one-to-one basis each day; from this a child develops trust in you and the knowledge that he is important in your eyes as you are in his.*
- *help developing a positive self-image through your attention and recognition of his efforts; for only with self-confidence and belief in himself will a child take the risk to try or learn new tasks.*
- *to know he will have adequate food, drink, protection, help and that you are on his side; only when his basic needs for security are satisfied can he set his mind to other things.*
- *a chance to experiment, explore and discover for himself as much as possible, knowing that his achievements will be appreciated; this teaches him that learning is useful and rewarding.*
- *to be provided with tasks he can perform and uninterrupted time to complete them; this gives him a sense of his own worth and abilities.*

One way to help you assess whether or not you are encouraging children's growth in these areas is to jot down at the end of the day one thing you did with each child to meet one or more of the needs listed on the previous page. The chart below is designed to help you with this task. This may help you notice whether there was perhaps one child to whom you forgot to show any special warmth, or another child who "got lost in the shuffle" because he never seemed to need you to talk to him or play with him individually. You do not need to feel that you have to be perfect all the time with every child, but rather that you can increase your own awareness and understanding in order to help each child develop a healthy outlook on himself and others.

Child's Name	What I said or did today to help him learn respect and understanding of self and others and to help him gain a desire to learn. Use the previous list to help you think about children's needs in these areas.

3. LEARNING ACTIVITIES AND HOW CHILDREN LEARN

It is difficult to sort out or explain all the ways children learn. This is because they are learning, experimenting and doing so many things at one time. Following are some categories into which we can put learning in order to understand it a little better. They are:

Sensory Perception
Cognitive Development
Creativity
Social/Emotional Development
Physical Development

Each of these areas of learning is important to the total growth of the child. As you plan activities you should strive to provide children with experiences in each of the areas listed, keeping in mind that children need to explore, to try new tasks themselves, and to be allowed to make their own mistakes, corrections and discoveries. It is by direct experience, rather than by simply observing that children really comprehend new concepts. Their need to try and practice new activities over and over is evident in such activities as learning to dress themselves, to tie shoe laces and to throw balls. You will find they need to be allowed this same kind of patience and practice with all new concepts including numbers, language and facts about our world.

SENSORY PERCEPTION. This learning takes place through the senses - seeing, touching, hearing, smelling and tasting.

For the first years of life this is the primary way that children learn, and is their basis for understanding the world. Later the understanding of many words and their meanings comes through the senses - salty, rough, smooth, loud, pretty, smelly, sweet, soft, etc. Explaining these words and concepts to children without having them experience it would be like trying to explain what Jello is to someone who had never seen, touched or tasted it. Children often gain an understanding of these kinds of words and concepts through a natural course of events. There are, however, many activities which can help and enrich children's understanding of words and objects around them. This understanding will help them achieve later success in such activities as language, reading, science and other school subjects.

The activities on the next page are just a few - use your imagination to expand on them and to develop additional activities. As the children become involved you can help them use new words to describe differences and similarities of objects.

	CONCEPTS TO BE EXPLORED	ACTIVITIES
VISUAL ACTIVITIES	Focusing and Strengthening of Eye Muscles	Position mobiles and other brightly colored objects in baby's view.
	Object Recognition	Hold infants and toddlers so they can see out windows, their reflection in mirrors, and other objects in and around the house. Name and talk about objects in picture books.
	Long, Longer, Longest	Forming lines of objects. Cutting strips of paper. Collecting and comparing sticks.
	Small, Smaller, Smallest	Comparing different sized measuring cups, blocks or buttons.
	Big, Little	Blowing up different sized balloons. Describing buildings or animals on a walk around the block. Comparing different sized cans.
	Above, Below, Under, Over, Beside, On Top Of	Placing blocks or other objects in different positions near a chair or table. Practice throwing a ball under, over, beside a picnic table or bench.
	High, Low	Jump rope. Ball throwing. Stretching and squatting movement games.
	Color Recognition and Matching	Describing children's clothing or toys. Sorting towels and washcloths by color.
LISTENING ACTIVITIES	Voice and Word Recognition	Sing, talk and read to children including babies. Respond to babbling.
	Quiet, Noisy	Make two identical containers, one filled with something that rattles (stones, beads) and one containing cloth or paper. Which is noisy? Which is quiet?
	Differences and Similarities in Sounds	Make similar looking boxes or containers with different objects inside which rattle (paper clips, dried rice, sand), make two of each, have children match boxes with similar sounds. Rattles, bells, pull toys that make noise.
	Identifying Objects Through Sound	Sit outside with eyes closed, listening and describing sounds (cars, radios, people talking, birds chirping, leaves rustling in the wind).

	CONCEPTS TO BE EXPLORED	ACTIVITIES
TOUCHING ACTIVITIES	Smooth, Rough, Hard, Soft, Cold, Warm	Make a 'feely box' which contains such objects as sandpaper, waxed paper, tree bark, fur, etc. Have the box closed except for an opening the child puts his hand through and describes what he feels. Go on a touching trip and describe the feeling of such things as grass, snow, leaves, brick, sidewalks; help children learn new words to describe items. Small blocks, balls and blankets made with different textured fabrics. Poking fingers or pressing hands in soft clay or playdough. Water play
	Recognition of Objects	Place four different objects each in the end of a sock (spoon, apple, glass, ball, block, etc.). Children guess what each object is by feeling it through the sock - change objects often.
TASTE ACTIVITIES	Identifying Characteristics of Food (sweet, salty, sour)	Have children close eyes and taste small amounts of salt, sugar, unsweetened lemonade. Let young children lick different foods off fingers (honey, peanut butter, chocolate syrup).
	Trying New Foods	Try a variety of fruits, vegetables and juices at snack or mealtime.
SMELLING ACTIVITIES	Identifying Objects By Smell	Have children close eyes and smell soap, a pine sprig, spices, onions, flowers. Point out food smells during meal preparation time and while eating.
	Association of Smells With Different Places	Visit a bakery, gasoline station, hamburger shop or a park or garden, discuss the smells of each.

COGNITIVE DEVELOPMENT. This learning takes place through thinking and problem solving. It deals with facts and understanding.

Children are basically experimenters. They learn facts by testing and figuring things out. When a baby throws a toy over the side of the high chair and looks to see if it is there, he is trying to figure something out (not to drive you crazy). He is trying to understand whether or not objects still exist even though he cannot see them. After 50 or 60 experiments, he will understand that it lands on the floor and stays there whether or not he can see it.

Babies expand on this knowledge when playing games such as peek-a-boo or when adults playfully hide toys under a hankerchief or behind a chair and encourage the baby to find it. These types of activities not only help the baby understand that objects exist even when he cannot see them (object permanence), it also helps the child begin to expand his memory which is another important learning process.

In the preceding situation, the baby learns through experimenting and applying newly learned facts or ideas to new situations (dropping things off the high chair, peek-a-boo, hide and seek). By remembering this, you will be able to encourage many learning activities. For example, it is easy to assume that a child who can recite 1-2-3-4-5 understands what that means. However, if you ask him to place five plates on the table or to pick out three apples for snack, those numbers will begin to have real meaning. If on another day you ask him to pour two glasses of juice or to tell you how many blocks he has, you will reinforce his understanding. He will have had several opportunities to practice and use numbers in different situations.

Explaining numbers in this way is just one example of how children learn through new experiences which build on past learnings. This type of activity and encouragement from you can help children learn many new things including colors, letters, numbers, words, and concepts related to daily living. These experiences give children the foundation necessary for success in nearly all school subjects.

	CONCEPTS EXPLORED	ACTIVITIES
COGNITIVE ACTIVITIES	Families, Family Structure	Help children share with each other information about brothers, sisters, moms, dads, grandparents, aunts, uncles, parents' friends and their friends - have them bring or draw pictures.
	Relationships of Parts to Whole Object	Encourage play with blocks. Provide a lot of take apart and put together toys. Older children may take apart an old radio or appliance or build a chair or table. Identify parts of trucks, houses, bodies and why each is important - experiment with what would happen if a part was missing.
	Sorting, Matching and Categorizing Objects	Draw, cut pictures, or visit different types of housing (apartments, single dwelling houses, mobile homes, etc.). Cut pictures of all the different modes of transportation, visit a bus station, train depot or airport - put all the transportation toys together in a group. Sort toys by color, size, or construction material. Place pictures or outlines of toys on low shelves to indicate where they need to be placed after use. This helps children practice matching and sorting as well as making the clean-up task easier and fun.
	Shapes	Cut pairs of triangles, circles, rectangles and squares - have children match pairs.

	CONCEPTS EXPLORED	ACTIVITIES
COGNITIVE ACTIVITIES (Continued)	Shapes (Continued)	Use same shapes and have children pick out the circles, then the triangles, etc. (Learning to recognize and identify shapes helps children gain the skills to identify and recognize letters).
	Knowledge That Both Spoken and Printed Words Have Meaning	Put up signs with words on them on different objects (table, chair, TV, radio, etc.). Read and look at books.

CREATIVITY. This involves the expression of one's imagination. In childhood it appears as play, but in adulthood may result in designing a unique bridge, writing a beautiful song or acting out a story. It is the magic of childhood and the beauty of the human mind.

Creativity should not be thought of as being of value only to the painter, writer or composer. Rather, creativity is an asset in all walks of life; the creative teacher develops new and fun ways to present materials; the imaginative business person is always 'dreaming up' unique ways to sell a product or manage the business; a creative day care provider constantly explores new ways of managing a household of children. Creativity or using the imagination is not a luxury of childhood but a skill to be encouraged and developed throughout life.

Most children will use their imagination quite freely and in a number of different ways if they have adequate and flexible materials and if they feel it is okay by adult standards. Children can see the makings of a bridge in a couple of kitchen chairs, a 20 story building in a stack of blocks, and beauty in a finger painting that combines the colors red, black, and green. The primary reason creativity seems to be lost as children grow up is they get the message that using the imagination is a childish activity and really not appropriate for grown-ups. As a caregiver your attitude toward children's imaginative play will have a strong effect. If they are laughed at or feel subtly put down because of it, they will gradually quit using their creative capabilities. On the other hand, if you supply materials and encouragement for imaginative play you will be providing the children in your care an important learning tool.

One way to think about how imaginative play helps children learn is to think of it in terms of 'practicing'. It's not too far removed in concept from practicing the piano, or practicing writing the ABC's, or practicing basketball. For example, when children dress-up and play 'grown-ups' they are getting important practice and understanding of roles they will play as adults. This includes dramatic or role play such as playing Mom and Dad, doctor, pretending to cook, or pretending to go to work. They are trying out and practicing newly learned understandings of the world around them. (Remember when we discussed how important experiencing was to children's learning? Imaginative play is a way for children to test out and experience what they have observed. Their experience in play even though it is imaginative deepens their understanding of new concepts.) Not only are children, through imaginative play, trying to gain knowledge and understanding they are also practicing coping skills and ways of dealing with feelings. Playing ghosts or monsters helps give children practice in coping with feelings of fear and aggression in a socially acceptable way. Playing doctor helps children learn to handle their apprehension of going to a doctor. Imaginative play also gives practice in using creative thinking and problem solving skills. The learned ability to use these skills is a life-long benefit. It helps one deal with an ever changing world, to solve problems, to think ahead and to enjoy life.

ACTIVITIES WHICH ENCOURAGE CREATIVITY

Role Playing. Provide materials and equipment for children to practice various adult situations. Provide men's and women's clothing; shoes, gloves, coats, pants, dresses, jackets, uniforms. If children occasionally play the opposite sex or dress up in the opposite sex's clothing - they are most often just testing out and trying to understand differences. Children can play as if they are at the grocery store, or cooking a meal, or at the dentist or going on a trip. Use homemade make-shift items for props. Remember, the boys do not always have to be the doctors and police officers and the girls the nurses and teachers.

Storytelling and Reading Books. Read and talk about books, act out stories, or try to get a story book of pictures only and have the children make up the story to go with the pictures. For older children, ask a few questions or make up half a story and have the children finish it.

Painting, Cutting and Pasting. These activities should be as open-ended as possible and the children encouraged to make pictures which please themselves, not ones which are predesigned or made just to please adults. Try using a variety of materials.

Sand Play and Block Building. Children easily create buildings, roads, forts and other things to stimulate their imagination.

Music Activities. Vary the types of music you and the children listen to. Records are available at the public library. Dance, sing, march or paint to music. Make musical instruments from household items. If possible, attend community music and theatre events for children.

EMOTIONAL/SOCIAL DEVELOPMENT. This learning involves the development of feelings, attitudes and values and relates to how a child feels about himself and how he gets along with others.

Children's emotional and social growth reflects their interpretations of their experiences with people and things around them. This is why you play such an important part in the lives of the children in your care. How they see you react to your world will affect how they learn to react to theirs. The information you give children about the kind of individuals they are will affect how they view themselves. Children's combined experiences with you and others should help them learn trust, respect and affection for other people and help them develop a positive self-image.

Social and emotional growth in children is also related to children's stages of development. An eight month old baby is just learning to form close relationships or attachments to his primary caregivers. A toddler, on the other hand, is just learning separation and how to be independent. The same toddler is also learning about ownership and cannot be expected to share toys or cooperate as readily as a four or five year old. That does not mean the toddler should not begin to do some sharing, but it must be understood that it is very difficult for him.

A child's social and emotional growth also influences how well he does in school. Following are some questions that need to be thought about when preparing a child for school: Can he express his needs appropriately? Can he relate to other children in a group situation? Is he curious and interested in learning? Does he have the self-confidence to keep trying even when tasks are difficult?

Listed below are some behavior characteristics which relate to children's social and emotional growth. The characteristics are organized to show children's needs for balanced and well-rounded growth opportunites.

INDEPENDENCE...DEPENDENCE

Children need to develop the ability to play and try new things by themselves; they also need to know that they can depend on others when necessary and how to use adults as resources.

Activities: Set up space and materials for children to play independently. Encourage children to problem solve by helping them, but not by doing it for them. Allow them to be dependent on you at times but also encourage them to be as self-reliant as possible by offering them your affection, guidance and understanding.

RESPECT FOR SELF.......................................RESPECT FOR OTHERS

Children need to respect their uniqueness and rights, to respect the uniqueness and rights of others, and to cooperate and compromise. In general, a child must learn pride and respect in himself before he can show it to others.

Activities: Have a mirror at the children's level, talk to them about what they see, who they are and how they feel about themselves. Have the children bring pictures of their family and home - share how each is unique and how each is similar. Help children take turns talking and listening at meal and snack time. Structure activities which encourage cooperation - building, setting up large play equipment, working together, etc. Whenever possible let them work out any differences that arise by themselves. If they need help, assist them in thinking up ways to solve problems or provide them with choices and let them choose. This way they will learn to prevent some problems and how to solve the others.

UNDERSTANDING AND EXPRESSING FEELINGS..................CONTROLLING ACTIONS

Children need to learn to identify their feelings, to know that their feelings are valid, and allowed to express their feelings. They need, however, to know they cannot express their feelings through actions which hurt others or property. "It's okay to feel angry but not okay to hit another because of it."

Activities: Talk and read books about feelings - there are many very good ones available at bookstores and libraries. When disciplining a misbehaving child, let him know he is okay or how he felt was okay but that it was his actions which were not okay. Use puppets to act out stories where the characters have and show different kinds of feelings (how hard it is to always share, or what itis like to have a new baby sister).

PHYSICAL DEVELOPMENT. This learning involves the use and movement of the body in relation to objects and space. It promotes skill development in balance and coordination and leads to overall physical fitness.

For many years the importance of children's physical growth and development has been seen as secondary to their mental growth. However, in recent years it has become more and more apparent that physical development is as important and that body movement is an integral part of nearly every learning experience. You have probably noticed that young children are eager to test what they can do with their bodies. They take great satisfaction with accomplishments that involve strength, endurance, coordination and balance. This is why, when given the opportunity, they spend long hours jumping, climbing, hopping, riding tricycles, throwing and catching balls, sliding down slides and swinging on swings. As they become more and more skilled, they try more difficult activities, no longer needing your help but rather your encouragement and confidence.

Structuring opportunities for physical activity not only provides challenge and enjoyment for children but also promotes safety. Children who develop strong well-coordinated bodies are less likely to have accidents - they know their limits and have greater body control in situations requiring balance, coordination, strength, endurance and flexibility.

Physical activity, play and movement are closely related to all other areas of learning since nearly all of them require movement and coordination by the children. This is because children learn by doing - by physically manipulating objects and their bodies. For example, when children first learn to count or add, they need to see and move real objects which represent the numbers (moving pegs from one side of a pegboard to the other, or counting apples and oranges and placing them in a row). In order to practice and learn the skill of counting in this way, children must already have developed many eye-hand coordination skills. (Eye-hand coordination is the ability to see, grasp and manipulate objects in a purposeful way. Nearly all the activities listed as small muscle activities are designed to help develop eye-hand coordination.)

Physical activity relates to the total development of the child in many other ways. It provides opportunities for children to release emotional energies in acceptable ways, to be creative, to problem solve, and to stretch their imagination through strenuous activity, making up games, building, and dramatic play. Children also learn to play cooperatively with each other and develop increased language ability as they freely communicate in play. They also develop self-confidence as they gain awareness of their own bodies. Through physical activity, they have the opportunity to test their own strength and feel success as they accomplish new and more difficult tasks.

As you plan and assess the kinds of activities that you provide for young children, it is important to assure that they have ample opportunity to exercise and strengthen their bodies. The activity lists which follow are divided into two categories - large muscle and small muscle. Many of these activities may already be taking place in your home. You can then use this as a checklist to see if each child is participating in both large and small muscle activities, or to help you plan a greater variety of physical activities for the children in your care.

LARGE MUSCLE ACTIVITIES - These activities encourage the use and strengthening of the leg, arm and back muscles and help develop overall body coordination, balance, strength and endurance. The activities listed below can be adapted for both indoor and outdoor use.

CRAWLING

on benches
through hoops and tires
under a row of adult chairs forming a tunnel

CLIMBING

indoor/outdoor climber
safe trees
hanging rope ladder
home-made ladders and boards

SWINGING AND STRETCHING

on climber
suspended ladder, rings or trapeze
home-made parallel bars with pipes

ROCKING

rocky boat
rocking horse
low see-saw on board with center cleats

THROWING AND KICKING

bean bag toss game
catch ball, kick ball, basketball
bouncing ball against wall

JUMPING AND TUMBLING

on mat or grass
off of boards, boxes, bench
over blocks
high jump, long jump games
hopscotch
jump rope

SAND PLAY

sandbox outdoors with digging - toys, scoops, dump trucks
sandtable indoors with dishes, measuring cups, spoons, scoops
dishpan with cornmeal, rice, beans, etc.

LARGE MUSCLE ACTIVITIES - Continued

PUSHING AND PULLING

wagons
wheelbarrows
brooms
each other in cardboard boxes
each other on rope
self up a rope

POUNDING

hammers and nails
pounding toys

BALANCING

on bench
2' x 4' on ground or slightly elevated
stilts made out of coffee cans and ropes
stepping stones
on rope laid on ground or floor

WATER PLAY

plastic dishpan on chair
tubs or a galvanized metal water table
accessories for pouring, measuring, sprinkling, squeezing

BUILDING

large blocks
scrap lumber and boxes

OTHER

snow or sidewalk painting
yoga for children
marching to music
obstacle course
movement to stories
playhouse
hikes around the neighborhood
dramatic play

SMALL MUSCLE ACTIVITIES - These activities encourage the use, strengthening and coordination of the eye, hand and finger muscles. They promote the development of eye-hand coordination (being able to see and manipulate small objects) which is necessary before a child can learn to read, write, or perform a number of tasks.

BUILDING TOYS

Lego Sets
Tinker Toys
Lincoln Logs
Bristle Blocks
stacking blocks

FREE ACTIVITIES

painting
cutting
pasting
coloring
paperfolding

MANIPULATION TOYS AND ACTIVITIES

peg board activities
string beads
puzzles
nesting cans
stacking small blocks

ACTIVITIES

lacing cards
pouring
snaps, hooks, zippers and buttons

When considering all the ways children learn - sensory perception, cognitive, creative, social/emotional and physical, it can seem very confusing. You may find it difficult to think of how you can help children learn in all these ways. However, you are probably providing many more appropriate learning activities than you realize for the children in your care. For one day, try to notice and jot down all the different activities the children are involved in. Use the chart below. You may be pleasantly surprised at the number and variety of activities you are providing for your day care children.

Cognitive Development Learning the meaning of new words. Using numbers Understanding shapes or colors. Learning about the world around them.	Physical Development Small muscle activities
Physical Development Large muscle activities	Creative Imaginative play
Sensory Perception Smelling, touching, feeling, listening or tasting.	Social/Emotional Learning to play cooperatively with each other and to feel good about themselves.

4. PLANNING AND PRESENTING LEARNING ACTIVITIES

Listed below are some tips to remember when planning learning activities for children.

- Try to plan activities according to the developmental stages of the children. For example, an eye-hand coordination activity for an infant would be learning to reach for, grasp, and let go of objects. An eye-hand coordination activity for a five year old would be cutting on a straight line.

- Children should not be forced to participate in activities they are not ready for or are just not interested in. They can learn from watching and will often become involved when they feel comfortable enough to do so.

- The best time to introduce a new activity is when the children themselves express an interest. For example, if one or two children are always at your side asking questions about meal preparation, that is probably a cue that they would enjoy and learn from a cooking activity.

- Children not only need to manipulate things for learning, but they need to check out their new learnings with you on a one-to-one basis. They need to ask questions, to be listened to, and encouraged (through your patience and attention) to learn.

- They need to be given a variety of activities and toys, but not so many that they become confused or cannot choose among them. Many caregivers rotate the selection of toys available to children so the ones that are out are not crowded, are somewhat new and interesting and are well used. Materials for art, imaginative play, or physical development can be rotated this same way.

- Provide children with specific feedback rather than general comments. "You really know how to share your toys", rather than "You're being a good boy", or "I see you've used red, green and blue in your picture" rather than "that's a nice picture."

- When planning, try to think of providing a framework for learning activities; allow enough time and space, provide adequate materials and encourage experimentation and creativity. Avoid talking at children or telling the children exactly what to do and how to do it.

- Children need to feel success more often than failure. Never compare one child's work or capabilities with another. If a child seems to always have difficulty, try adjusting the activities to his stage of development.

Participate in some of the activities with the children. When was the last time you finger painted, marched to music or did somersaults down a hill? It will help the children feel they are important and that what they are doing is important if an adult participates with them - besides you might find it fun!

During the next week plan two or three new activities to do with the children. Use the charts below.

Before The Activity

	Day and Time Activity Is Planned For	Activity Description
Activity #1		
Activity #2		
Activity #3		

After The Activity

Activity #1	Which Children Participated?	What were the various children's reactions?
	What did you feel was best about the activity? What would you change?	

After The Activity (Continued)

Activity #2	Which Children Participated?	What were the various children's reactions?
	What did you feel was best about the activity? What would you change?	
Activity #3	Which Children Participated?	What were the various children's reactions?
	What did you feel was best about the activity? What would you change?	

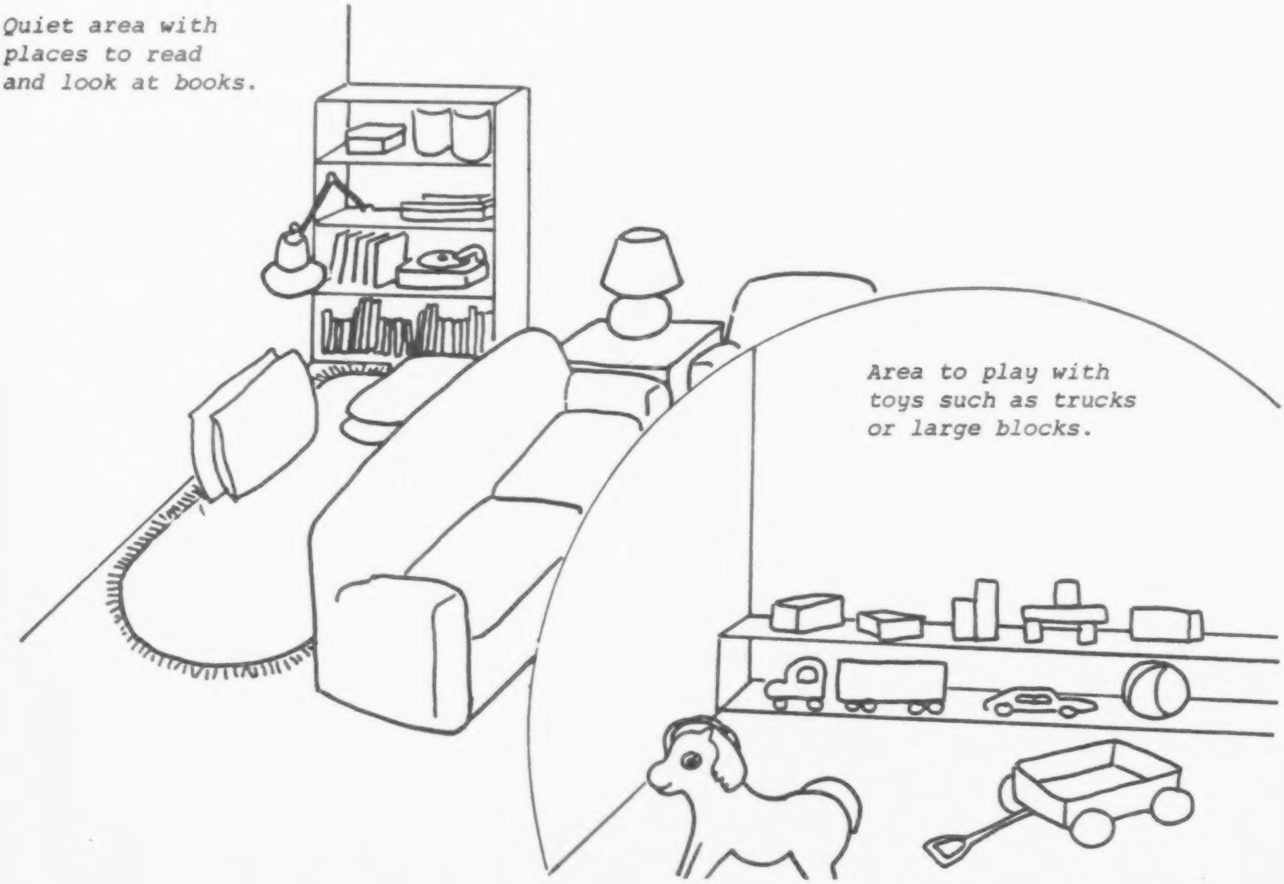
5. ARRANGING THE SPACE IN YOUR HOME

Much of children's behavior, particularly their response to learning activities, materials and toys depends on the arrangement of space around them. This section is designed to help you think of ways you can arrange your indoor and outdoor play areas which will encourage the children in your care to play actively with materials and toys, but at the same time will not require constant supervision or help on your part.

You are not expected to incorporate every idea suggested in this section in your home, but you might try using this as a checklist to assess your home arrangement and make any changes if necessary.

IDEAS FOR INDOORS

QUIET SPACE AND NOISY SPACE. Children need separate areas for quiet activities and noisy activities. A quiet area could include books on display, pillows, rugs, children's record player (to be played quietly) and small manipulative toys. The noisy area could encompass more space and include trucks, cars, and other large toys.

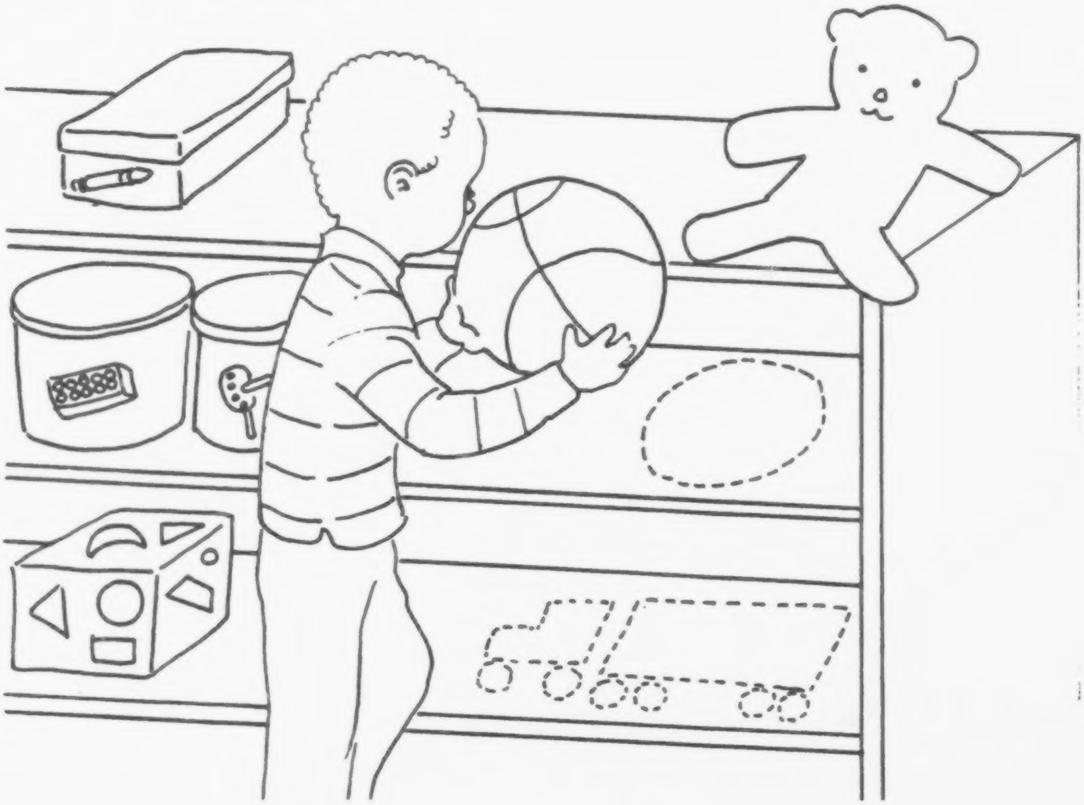


Quiet area with places to read and look at books.

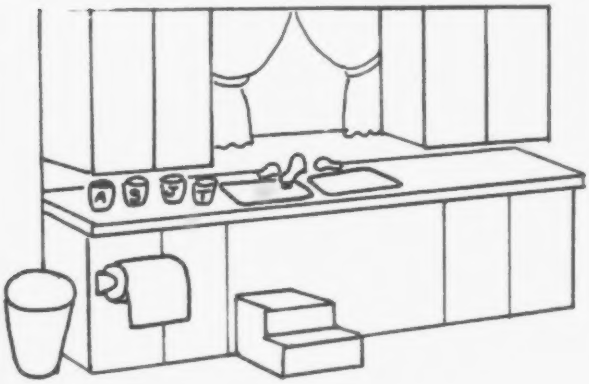
Area to play with toys such as trucks or large blocks.

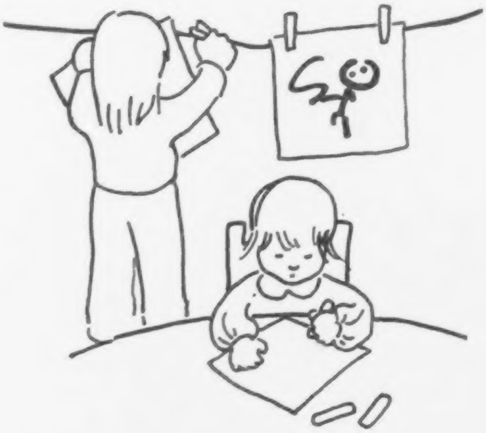
TOYS AND MATERIALS DISPLAY. Many of you may have experienced the frustration of having lots of toys available, yet the children never seem to have enough to do. You may also know how it feels to have toys scattered around at the end of the day and to spend a lot of time showing the children where and how to put the toys away.

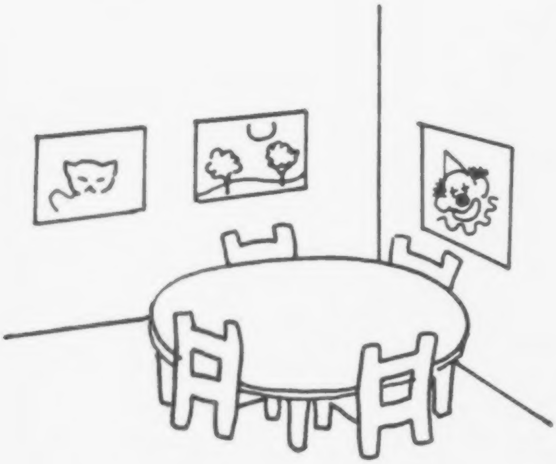
One way to prevent this is to have toys and materials well displayed and easily accessible to the children. They can be placed attractively on shelves with pictures or outlines used as guides for return of items after use. The outlines or pictures indicate clearly to the children where the various toys belong. It makes putting the toys away a matching game rather than just a work task. Children are also able to select toys more easily when there are not too many to choose from and when they can see the toys spaced well on shelves. When too many toys are piled together, such as in a toy box, it makes toy selection a confusing and difficult task for children. They are not able to remember what is at the bottom of the box, there are too many toys to choose from and most often they must make a mess in order to find the desired toy. Toys also break easier and pieces are lost more readily when the toys are all piled together. You may want to keep some of the toys stored in a closet and rotate the toys available for the children to use. This will stimulate interest and motivation. Toys with many smaller parts can be stored in ice cream buckets so it is easier for the child to keep the parts separated. Also materials such as paste, paper, scissors and crayons can also be stored in individual containers in ways that encourage appropriate use.

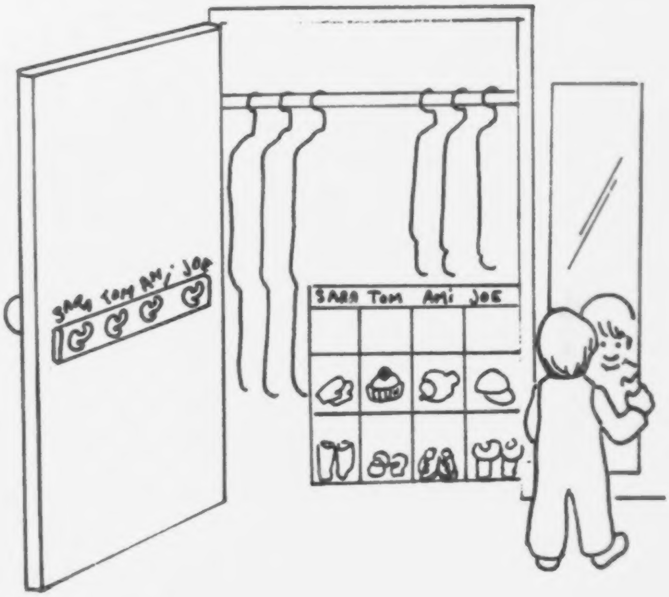


EYE AND REACH LEVEL. You can help children to become self-reliant and to feel good about themselves by placing frequently used objects at their level. They will be able to get at things and to put them away on their own without having to constantly ask you for help. This will encourage the development of independence and responsibility. Providing pictures, mirrors, tables and chairs at the children's level will help increase their growing sense of self-worth.

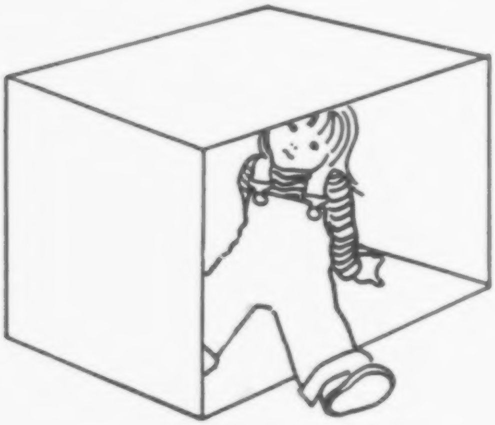




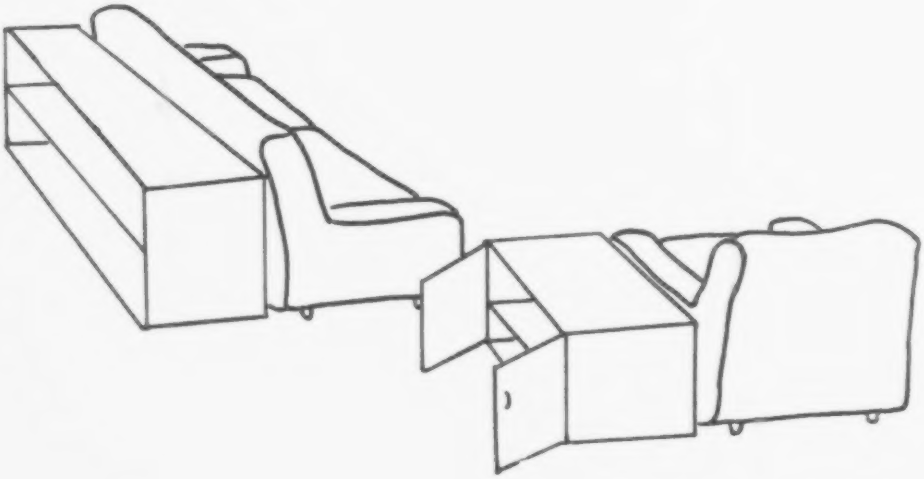




ALONE SPACE. Children need to have places where they can play with other children, but they also need to be able to find private spaces where they can be alone to think and reflect on their own experiences. Try looking for nooks and crannies in your home--a chair pulled out from the wall or a cardboard box will do.

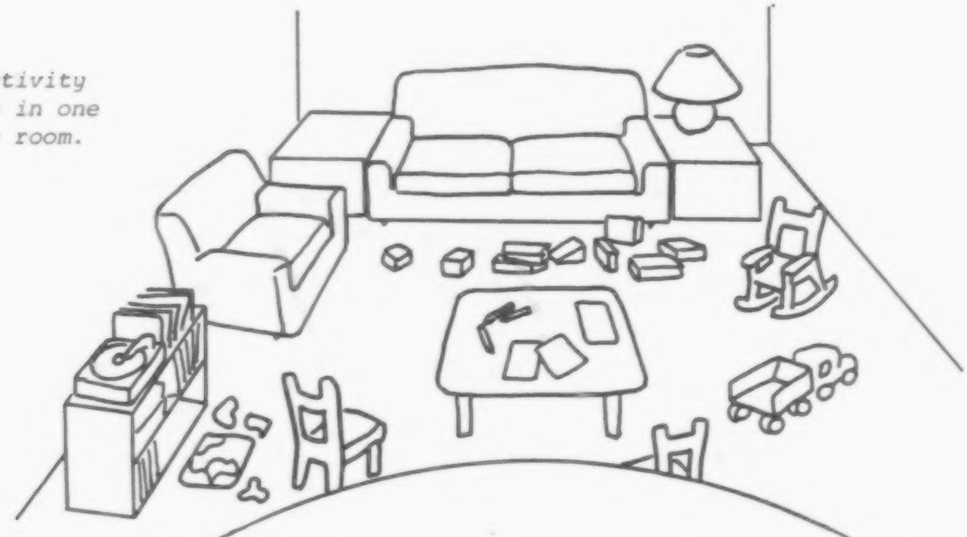


INTEGRATING FAMILY AND CHILD CARE ENVIRONMENTS. Many caregivers have found or built different kinds of storage cabinets or furniture which can display toys and activities during the day, but can be closed or turned around in the evening. Some child care furnishings can be organized to fit in with the general furniture arrangement so that they do not look out of place.

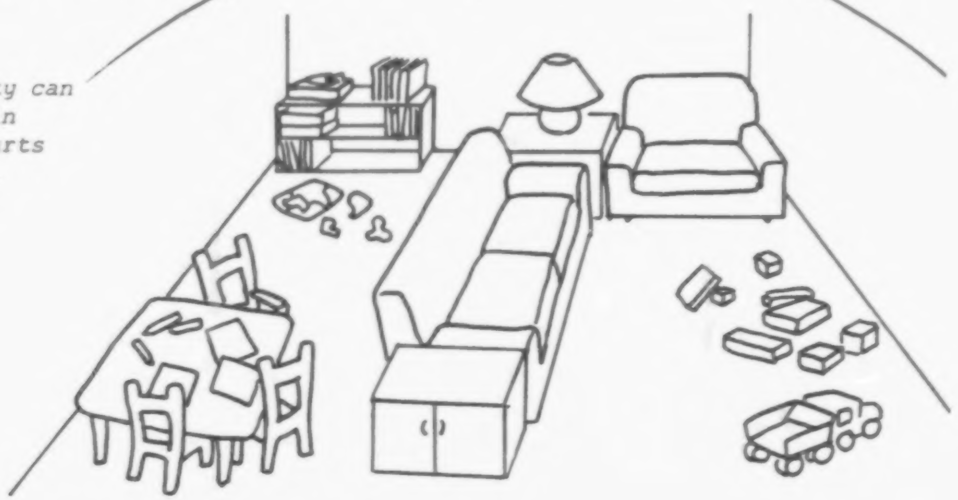


ACTIVITY SPACE AND TRAFFIC PATTERNS. It is important to have a variety of activities available for young children, however, it is possible to organize and plan them in such a way so that they do not conflict with each other. For example, puzzles can be put in a place where they will not be in the path of trucks and airplanes; there may not be the space to have a water or sand table set up all the time, but perhaps one could be set up for two or three days in the area where children usually paint or water color. Placing blocks, trucks, crayons and puzzles all in the same area does not provide children helpful clues on appropriate behavior. However, placing only small muscle toys in one area gives children a message about what the appropriate activity for that area will be. It also allows for children with like interests to play together. You may be able to rearrange the furniture to provide different activity areas or to limit or expand existing ones.

All play activity takes place in one part of the room.



Play activity can take place in different parts of the room.

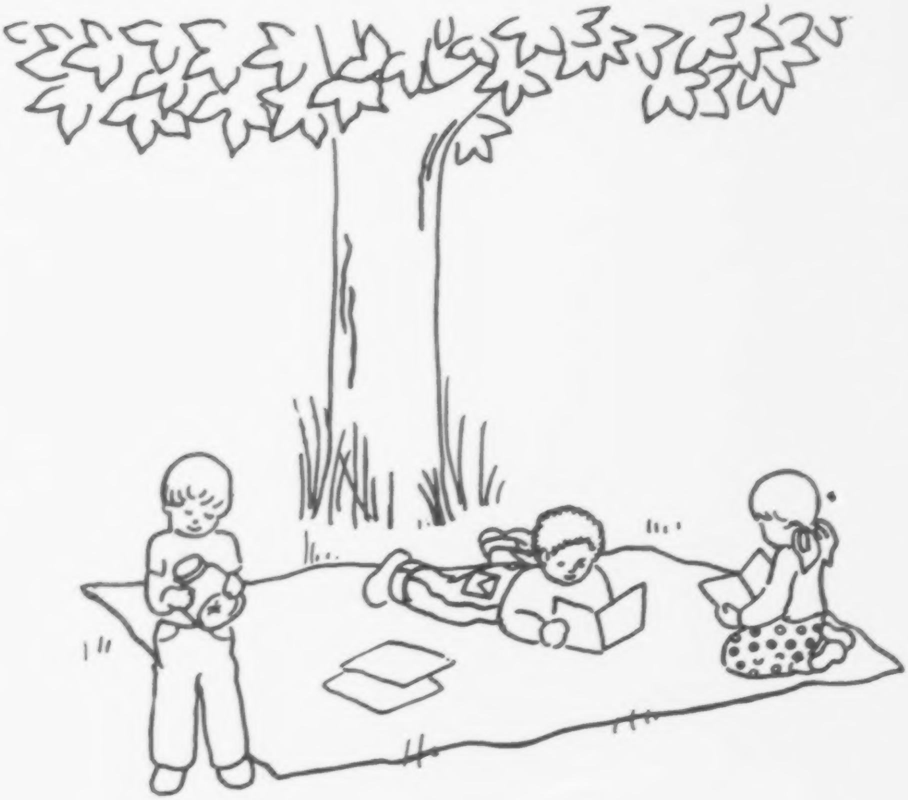


IDEAS FOR OUTDOORS

ADEQUATE SPACE AND TRAFFIC PATTERNS. Try to plan for plenty of open space between activities. As with indoor equipment, not all of the outdoor playthings have to be available at once. Some of them can be stored and then rotated with the other equipment. Take care that areas for running or walking to and from the house do not come too close to the swings or other hazards.

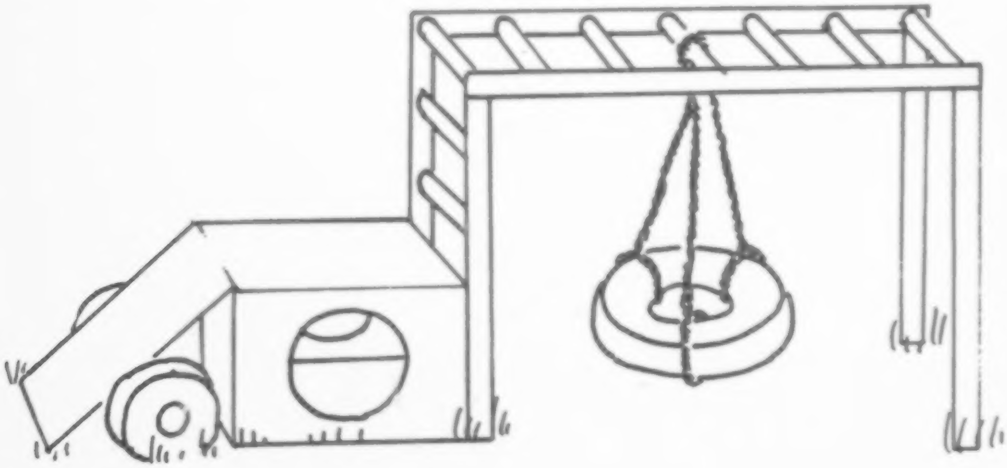
VARIETY IN SURFACES. Whenever possible children should be given different surfaces on which to play such as long and short grass, dirt, sand, concrete or asphalt, hilly and flat surfaces. This contributes to the enrichment of the outdoors environment and provides an appropriate surface for many activities mentioned in the preceding physical development section.

VARIETY IN ACTIVITIES. Activities for outdoors do not need to be limited to large muscle physical activities. The outdoors can be used for reading (place a blanket under a tree), nature and science experiments and creative activities such as painting.



VARIETY IN EQUIPMENT. Listed below are suggestions for outdoor equipment.

Obstacle course made out of boards, tires, boxes, etc.
Wheeled toys - trucks, carts
Tricycles
Trees for climbing
Boards and planks of wood - different lengths
Boxes - wooden or cardboard
Automobile tires
Innertubes
Swings (can be made out of rope and a tire)
Sandbox - an assortment of sandbox toys
  1. Different sized buckets and pots
  2. Sieve
  3. Shovels, spoons
  4. Colander
  5. Funnel
  6. Wide transparent tubing in short lengths (so that the child can see the sand passing through)
Jungle gym or climbing bars
Bean bags
Balls - small and large
Jumprope
Barrel
Wheelbarrow
Hoops
Blocks - small and large
Sled
Hammer and nails



ASSESSING YOUR CHILDCARE ARRANGEMENTS

1a. Take a walk through your home. What areas are currently available for children's use?

1b. What activities take place in these areas?

2a. How can your furniture be arranged to provide more varied play spaces?

2b. Are there any traffic patterns or play areas you would like more clearly defined through space arrangements?

3a. Which toys do the children play with most frequently?

3b - See next page

3b. Which toys do the children never seem to play with?

4. Where in your house can toys or books be displayed so the children can select and return the toys easily?

5. Try establishing one or two new play areas or reorganize existing ones keeping in mind that materials displayed and the space available will help define for the children appropriate behavior. Observe the children's behavior for a week afterwards. Are there any changes? Explain.

6. Draw a diagram of your backyard. Include the kinds of learning areas and equipment you would like to see for the children.

SELECTED BIBLIOGRAPHY

Your Home: A Place for Learning

The following is a limited bibliography to help supplement the contents of the unit. We realize there are many materials available in certain areas and tried to choose the best, most recent, most helpful publications. By no means should the list limit you in your search for supplementary materials.

Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection.

This unit covers the broad area of learning environments for young children. The content of the unit includes information on learning and learning activities as well as home space arrangements. The materials listed here are similarly divided in two sub-categories: "Space Arrangements" and "Learning Activities".

BOOKS FOR THE TRAINER

Space Arrangements

Harms, Thelma. Environmental Provisions in Day Care. Frank Porter Graham Child Development Center, 1977.
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Kritchevsky, Sybil. Planning Environments for Young Children--Physical Space, 2nd ed. National Association for the Education of Young Children, 1977.
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Learning Activities

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Available from Prentice-Hall Company, Englewood Cliffs, NJ 06732 ($17.95).

Croft, Doreen and Robert D. Hess. Activities Handbook for Teachers of Young Children. Third Edition, Houghton Mifflin, 1980.
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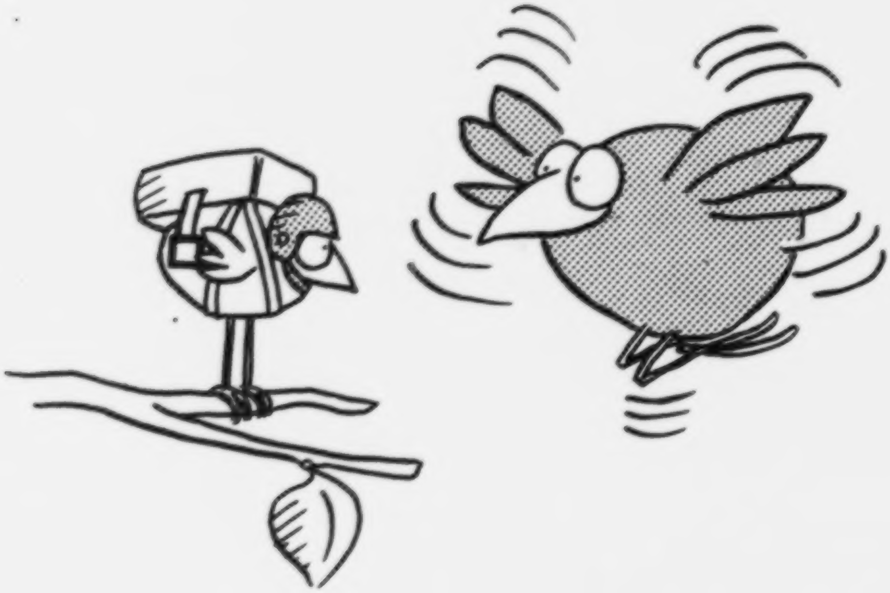


Guiding Behavior of Young Children

INTRODUCTION

1. STARTING POINT
2. WHERE BEHAVIOR COMES FROM
   - Know Your Own Values
   - Each Child Is Different
   - Ages Have Their Own Personalities
   - When People Are Together There Will Be Stress
   - Feelings And Behaviors Are Both Important
3. DIFFERENCES BETWEEN DISCIPLINE AND PUNISHMENT
4. IDEAS THAT WORK - TOOLS TO USE

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

This unit is designed to provide the caregiver with a wide range of choices of techniques for guiding the behavior of the children in her care. The underlying concept throughout the unit is that the caregiver's knowledge of her own values, a knowledge of child growth patterns, careful observation of individual children, and an awareness of the role of feelings, must be considered before choosing specific guidance tools.

You as the trainer play a vital role in helping the caregiver put together a positive approach to guiding children. Your knowledge and experiences will help provide concrete examples to expand concepts. As you go through the unit think about ways to use your experiences to emphasize important points. As you do this, become aware of your values and be ready to explain them to caregivers. You will, no doubt, be working with caregivers who approach guidance from a wide range of starting points. One of the most difficult tasks may be accepting each caregiver's right to be where she is as you begin the unit together. Discipline and guidance are strongly tied to values and, therefore, to emotions. Your success in facilitating growth will depend on your ability to provide choices and encourage the caregiver to match the choices with her own point of view and her real situations.

Several additional considerations:

- Changing one part of a behavior system will change the whole system. As a result working on one problem may make that problem and sometimes the whole system temporarily worse. There may also be some adjustments to responses of other children. You should discuss this with each caregiver and help her make realistic plans for changes she wishes to make.
- You will no doubt be asked for suggestions of ways to handle specific behaviors such as biting, sassing, physical aggression, eating problems, etc. The references listed at the end of the unit will be helpful for developing several options to suggest to caregivers.
- You may wish to sharpen your own skills in working out solutions to specific problems. Here is one possible system to use with the caregiver:
    1. Together identify the problem - state it simply. Take the time to make sure you both agree.
    2. Determine who owns the problem.
    3. List several solutions including how the caregiver has been handling the problem.
    4. Select a solution the caregiver feels is most likely to work and help her reach her goal.

5. Set up a plan for carrying out the solution. Encourage the caregiver to apply the solution.
6. Be available for moral support and let the caregiver know this.
7. Evaluate together what worked and what did not and why.

- Many of the suggestions in section four will need modification depending on the child's age. You may find it helpful to make notes about possible modifications and discuss them with each caregiver.

Prior to beginning the unit with a caregiver take a few minutes to discuss the purpose of the unit and the many ways it can be modified to meet the individual goals of each provider. Stress the fact that it will not give one answer or one approach, but rather options and tools that the caregiver can choose personally. Also, emphasize that there will be activities throughout the unit to provide a chance to practice and use new concepts.

The unit is divided into four main sections each with practice activities. As in other units you will need to be sensitive to the caregiver's reading and comprehension skills. The material can be divided into several training sessions.

The first section titled Starting Point presents a few basic concepts upon which the unit is based. You and the provider should review these together as a way of reaching a common "starting base". This discussion time will be a good way of clearly showing to the caregiver that you will not be judgmental of her.

The second section, Where Behavior Comes From, is a major section dealing with the following topics: 1) adult values regarding discipline; 2) individual differences in children and the importance and value of using these differences as a part of guidance; 3) characteristics of children at various stages of development (The significance of this section is to point out the "normalness" of much of the behavior that troubles caregivers.); 4) the role of stress and the impact of feelings upon guidance and behavior.

The third section, The Difference Between Discipline and Punishment, is a one page chart pointing out the characteristics of positive versus negative guidance. Take time to review this page and get comfortable with the differences before discussing it with caregivers. Personal examples will help expand the ideas.

The final section, Ideas That Work, lists many options and tools for building a positive guidance program. Point out that no caregiver uses them all. Neither will they become automatic without time and practice. Emphasize that the first step in becoming more positive is to know you want to be positive. The next step is to notice when you are not positive and the remaining step is to begin practicing. Encourage caregivers not to be hard on themselves but to set small, realistic goals for positive change.

GUIDING CHILDREN'S BEHAVIOR

Caregivers, parents and others who spend time with young children are constantly guiding behavior. All of the ways that you talk to and act with children combine to give children ideas about how they should behave. The goal of good discipline is to have children gradually gain the ability to control themselves in positive ways. *All* children will need support and help with their behavior from the adults who care for them.

As human beings we are all faced with the task of learning to live comfortably with outselves and others. To live comfortably with ourselves we must develop and maintain feelings of self respect. To live comfortably with others each of us must learn to recognize where our rights end and another's begin. The many things that you do to help each child learn this respect and concern make up your approach to discipline and guidance.

This unit is a tool to help you look at areas that influence the way that you work with children. The unit is designed to help you better understand your own feelings and goals, as well as to look at the many ways that you can use both preventive and corrective methods for helping children control their own behavior.

The unit is divided into four sections. The first section, *Starting Point*, will present some basic ideas which will affect any choices you make about guiding behavior. You may want to discuss some of these ideas with the field trainer or licensing worker who works with you.

The second section, *Where Behavior Comes From - Your's and the Child's*, looks at the influence your experiences, goals and feelings have upon the ways you react to children's behavior. The section also discusses the importance of recognizing each child's uniqueness in relation to the behavior patterns that are usual for each age group. A final part considers the importance of both feelings and behavior.

The third section explores *The Difference Between Punishment and Discipline*.

The fourth section, *Ideas that Work*, will list many tools that you can choose from to develop positive ways of working with children.

Throughout the unit are suggested activities to help *you* try out or think about the ideas in the unit.

1. STARTING POINT

Below are listed several of the basic assumptions of this unit. Some of these ideas may be new to you while others will be familiar, "common sense", and comfortable.

- WARMTH and SECURITY are essential if a child is to be able to respond positively to guidance.
- All children need CLEAR, FIRM guidance.

  Warmth and kindness show respect for the child. Firmness encourages the child to learn to respect others.
- Infants, toddlers and young children do not yet have adult thinking skills, nor the ability to totally control their own behavior.
- Childhood is not always a smooth happy time. Each child's life includes frequent frustration which causes stress that often is shown by the child's behavior.
- Children frequently misbehave because they act their age. Some, but not all, difficult behavior is caused by the child not knowing any better or not yet being able to make herself behave the way you want.
- Each child is different from every other child.

  Guidance must be adjusted to allow for the age or development level of the child and in consideration of each child's unique personality.
- Each caregiver's own values and goals will influence the kinds of guidance tools that will work for her.
- Both the FEELINGS and the BEHAVIOR of the caregiver and each child are important.
- Each person has a right to her/his own feelings. Every person will have both positive and negative feelings.

  These feelings are not necessarily changeable but the resulting actions can be redirected and modified.
- Children can learn to behave differently in different situations.

  Caregivers can improve behavior in the day care group even when parents have different ways of dealing with the children at home.
- Effective guidance requires both KNOWLEDGE and PRACTICE.

2. WHERE DO BEHAVIORS COME FROM?

KNOW YOUR OWN VALUES

Thousands of publications have been written concerning discipline. Writers frequently differ from each other in what they suggest. Suggestions given in this unit are meant to serve as strategies or tools to help you make choices to reach your own personal goals.

Caregivers and the children's parents each have their own ideas about how children should behave. These different ideas are closely related to personal values. Do you find that you are reacting to children in the same way that your parents reacted to you? Research over many years continues to show that our own parents' techniques of discipline, guidance and punishment have a very strong influence on the values that each of us have about handling the children we work with. Whether you feel positively or negatively about how you were influenced as a child, these memories do affect what you do with children in your care.

Remember that "desirable behavior" is different for different families. Therefore, effective techniques for one family may not be the best choice for a family with different values and goals. As a caregiver you will have an easier time guiding children if you look at yourself and figure out what you like and want to teach to the children in your care. You will also need to recognize the differences between yourself and the parents you work with. Recognizing that differences exist does not mean that you or the parents are "right or wrong"; it simply means that you both will know each other better and be more able to work together to develop a system that will benefit the child. Then you are ready to begin trying to work together.

Know Your Own Values	Learn What Behaviors the Parents Value

EACH CHILD IS DIFFERENT

The way that each child behaves is the result of a combination of many influences. From birth on children show a wide range of body and personality characteristics.

- Brad is - round and plump, he relaxes easily, sleeps soundly & he enjoys, in fact loves, food. He responds easily and positively to people. As he grows he shows little interest in competing with or dominating others. He usually expresses his feelings easily.

- Brenda is - sturdy, strong, active and competitive. She is a good eater but she "wolfs" her food in order to get on with her active, noisy play. She sleeps well but she moves all over her crib or bed during the night. She seems to try to dominate others and is not very sensitive to others' needs.

Butch is - slender with "bean pole" arms and legs. He is very careful in his actions and sometimes uncomfortable when he is the center of attention. He conceals his emotions and holds things in. He eats poorly and in fact sometimes cannot consume more food. His sleep patterns are irregular. He has trouble getting to sleep but is groggy and hard to wake up in the morning or after his nap.

Each child at birth possesses physical body characteristics and patterns of behavior. These tendencies are then either modified or encouraged by the guidance and understanding the child receives from those who care for her. The three children described above show the three most common body builds and related characteristics. Individual children rarely fit all of the behaviors typical of their body type but adults who are sensitive to these patterns can be very helpful in encouraging children to accept and like themselves. There are real advantages to each child's strengths. There are also areas that will require special effort and hard work to achieve. Caring adults should accept the child's personality and use the child's strengths to encourage the growth of more difficult skills.

Every child is influenced by being a part of each group in which she participates. Whether the group is the child's family, day care home, or some other group, each child struggles for a "special place" and a larger share of the attention. In family day care, as in families, the child's position in the group has some effect on behavior. Being the oldest, or youngest, or biggest influences what "role" the child will take. If one child is dependable and "good", another may find a place by being undependable and unwilling to follow rules. If one child is neat and careful, another child may think that a way to get attention is to be messy and sloppy. Caregivers can help every child feel special and to have a positive role in the group. One important consideration in building individual feelings of importance is to reduce competition by not comparing children. Honest recognition of differences and a focus on each child's strengths and skills helps all the children feel secure.

In addition to the patterns described above, children show many variations in learning styles. From birth there are variations in the way infants use their five senses. Some children seem very tuned in to sounds. Others are watching every second, some others put everything in their mouths and explore through taste. As toddlers and preschoolers, many children show other variations in their patterns of behavior. Some concentrate intently on a task while others shift rapidly from one activity to another. Children vary in their preference for play with people or alone with objects. One child may begin a task quickly and impulsively, while another takes time to analyze and ponder before getting started. These variations in style should be expected.

Caring for many different kinds of children can, at times, be difficult. Your reactions to each child will be influenced somewhat by your own personality and the kinds of people you feel most comfortable with. Observations such as: "I don't understand why he always plays by himself." "My baby never cried like that." "One of the kids won't try anything new and the other one won't do anything more than twice." "Those two are quite a pair; he talks all the time and she hardly says anything." show that caregivers see differences. The next step is to use these observations to see that what each child needs desperately is to be recognized and respected for her uniqueness and to be liked for who she is.

Recognize & Accept Differences in Children

Know Your Own Values

Learn What Behaviors the Parents Value

Here are several activities which could help you practice using the ideas talked about in this section. You and your trainer should go over the exercises and talk about which ones you will do and schedule a time to discuss your reactions after you complete the activities.

For one day practice looking at the behaviors you observe by putting them into three color zones. You may want to use the chart that follows.

GREEN - You like the behavior and want to encourage the kids to continue or increase the behavior.

YELLOW - You don't really like this but you permit it because of special factors such as the child's age, illness, fatigue.

RED - The behavior is clearly something you don't like and want to stop or change.

At the end of the day think about which color zone got the most of your attention.

COLOR ZONE	BEHAVIORS
GREEN This is a behavior I want to encourage & increase.	
YELLOW I do not really like this behavior but I allow it because of special factors.	
RED I clearly do not like this behavior and want to stop or change it.	

If a parent asked you to talk about five main things you do to guide or control kids, what would you say?

What kinds of behaviors of the children do you especially enjoy and like?

Which behaviors do you find the hardest for you to deal with? What past experiences make these difficult for you to accept?

How do you usually let the children know they are behaving the way you want them to?

AGES SEEM TO HAVE THEIR OWN PERSONALITIES

People who care for infants, toddlers and young children learn to recognize the patterns that children go through as they develop. Research backs up this knowledge that children go through cycles and stages of behavior. Many parents and caregivers wonder whether the children in their care are developing as they should. Scales which suggest "normal development" are based on the following formula:

In studying thousands of children
Out of any 100 of a given age

25 will not yet have reached this behavior

50 will be showing the behavior

25 will be already past this stage

This information stresses the fact that NORMAL development has a tremendous range at each age. Charts of normal development help make clear the fact that much of the behavior we find difficult to deal with is really a sign of growth rather than rebellion.

Just because a behavior is typical at a given age does not mean caregivers and parents shrug and learn to live with it. The fact may be that the child's saying no to everything or being sassy and calling others names may show that the child is reaching new levels of independence. Adults who understand the meaning of the behavior can help the child learn to make appropriate adjustments. Treating these behaviors objectively and matter-of-factly makes more sense when you know that the child does give them up as she gains skills and grows. While the negative behavior does exist, it is important to make clear to the child that you like certain behavior and do not like other behavior.

For detailed information about ages and development patterns, review the Infant-Toddler and Ages-Stages units. Additional reading from the following books would be helpful: Child Behavior; Magic Years; The First Twelve Months of Life; Toddlers and Parents.

The following section is a quick overview of some typical behaviors and characteristics of children which have a direct effect on guidance. These items are examples and not complete descriptions of developmental patterns. When you know why behaviors are happening you can cope with the behaviors with less stress and with more chance of success.

From birth being held has a comforting effect on most babies. Careful research now shows that concerns about "spoiling" babies by too much attention are not accurate. In fact, for infants from age 1 to 7 or 8 months, appropriate attention to needs and demands decreased hard crying and improved the infants ability to respond to requests.

- 2 months - Infant begins to smile from memory.

- 4 months - Begins active reaching for object.

Can remember things for 5-7 seconds.

Begins to discriminate familiar faces.

Increased interest in social interactions.

More active - splashes in bath.

Be ready for some wet times. The baby is playing for learning and not trying to drown you.

5 months - Beginning of great surge of growth.

Early risers - eager to get up and going.

Have safe play materials in the crib for early riser. Perhaps have the child sleep away from others she might wake up too early.

Serious exploration of sounds.

First stages of independence. Starts resisting some adult suggestions.

6 months - Meals become time for clowning; bubble blowing and food spitting are common.

Plays "come and get me" game.

Plays "pick up the things I drop" game.

The infant will not understand that these games are not always fun for you!

Will "bug" brothers and sisters because the attention is more important than their reprimands.

Help older kids understand that the baby will learn respect with patience.

7 months - Perpetual motion.

Teasing becomes fun.

Resists doing more things, shows independence.

Distinguishes tone of voice.

May fear doing familiar task.

Active interest in self feeding.

Plan for enough time and for finger foods that the child can practice on.

Is naturally messy.

8 months - Learns to stand before learns to get down.

Begins to choose who can comfort her.

Protests being left with people other than parent but may also have difficulty going back to parent after a long time with the caregiver.

It is important that parents not sneak off but say a brief goodbye and let the child learn to deal honestly with the separation. It is good, also, to give the child a chance to "leave" the parent sometimes.

Needs time to get used to new situations.

You might want to suggest that the parent plan to stay 10 minutes in the morning and evening to give the infant a chance to change caregivers.

Mobility changes concept of the world.

Need to discover becomes overwhelming.

9 months - Has more conflicts over toys - chooses toys.

Shows more awareness of others' emotions - cries if others are crying.

Imitates play - repeats acts that get attention.

Beginning to understand cause and effect.

Expect the infant to repeat things many times, even things she has been scolded for.

Size concepts very inaccurate - may fear bath because she thinks she can go down the drain.

10 months - Tries to feed others.

Imitates "No" even with head shake but doesn't yet have ability to comply with command of "No".

Responds to some basic commands like "give me", "get the". Child's own needs are more powerful than the adult command.

The child's need to explore is much stronger than her ability to control herself. This continues through toddlerhood.

Shows feelings, angry, sad, happy, puzzled.

Can finger feed whole meal.

11 months - "Stand up comic" - prefers to eat standing up, falls asleep standing at night, stands up in stroller, etc.

Begins to climb stairs, onto furniture, etc.

Can get a full spoon of solid food into mouth.

Begins practicing using "No".

- 12 months - Walking may interfere with eating, sleeping, talking.

  Often eats only one "good" meal a day.

  Shows definite food likes and dislikes.

  Nap schedules change.

  Frequently needs support at bedtime.

  One warm relaxed tuck in time is important. Then ignore repeated attention getting.

Somewhere between 10 and 20 months babies grow into active toddlers who appear to be packages of energy in love with discovering the world. The ability to move brings on many problems. Lamps, table legs and other people's feet become major obstacles. Remember all of the child's systems are immature - physical, emotional and language.

- Child cannot judge what is safe.
- The need to explore is much stronger than any ability to respond to rules. Kids cannot overcome the need to discover.
- Repetition is essential for learning so kids do the same forbidden thing over and over.

PREVENTIVE PLANNING IS THE BEST GUIDANCE

Baby proof the house for awhile until the child can learn to control impulsive exploration.

Some areas of the house may need to be temporarily "Off Limits" (Use gates, close doors).

Be clear, simple and firm and keep rules to the absolute essential.

- 18 months - Child is the center of all his/her thinking.

  Is acquiring language skills - listening skills are way ahead of the ability to use the word.

  Is not yet highly motivated by words.

  You should act rather than talk. Ignore many of the no's and proceed with the activity.

  NOW is the only dimension of time.

  Child does not understand the concept of waiting or getting something later. When waiting is required, the child will probably protest loudly.

  Relationships built on child's need.

  Toddlers look at the world from their own point of view and do not yet understand that others have needs and rights.

- 2 years - Listening language skills improve.

  Can now wait about 30 seconds without frustration.

  Tries sometimes to please others.

  "I" is linked with "want" . . . "I want".

  Is a joyful learner.

  "NO" is often a simple statement of independence. If adults do not overreact to the "NO" but expect cooperation, they often get it.

- 2½ years - Peak of frustration - the child is experiencing lots of confusion and stress along with new skills.

  Very rigid - routines and the familiar pattern are very important.

  Demanding because of changeable conflicts within themselves.

  HINT: *Use phrases like "You need to"*
  "It's time to"
  rather than questions such as
  "Do you want to" which have possible
  "No" answers.

  Use humor - when child shouts "NO" "NO" "NO try smiling and saying "YES" "YES" "YES".

- 3 years - Likes "we" things. Enjoys doing things with someone.

  Learns the joy of "YES".

  Begins to understand the concept of sharing.

  The time and pateince used to teach this so that the child feels good about the idea of sharing is well worth the effort.

  Expands language skills - can express ideas with words.

  Often has speech disfluency. The child thinks faster than he/she can form words and often has to search memory for a word. This causes words to be repeated. This repetition is normal.

  The best reaction to this repetion of words is none but patience. Calmly listen without adding pressure to the child.

Becomes more verbally demanding of adults.

This isn't easy to live with. Tell the child how you feel about the way she talks to you and keep remembering when she would hit instead of talk!

Asks for reassurances of love.

Learns much about self and body.

Children at this age have a matter of fact and natural curiosity about all parts of their bodies. They need simple answers to their questions about how they are alike and different from their friends and other people.

- 4 years - Out of bounds in many behaviors.

Uses language for power - shocking, swearing, nonsense words.

Needs to be defiant.

Remember that children do not have adult language skills. The four year old who shouts "I hate you" may mean many subtle things that she does not know how to express. Accept her feelings of distress but look for the real problem and help her see and talk about it.

Shows terrible toughness - swaggers, boasts.

Often gets confused between facts and thinking or wanting something.

Comments given in a whisper may be listened to more closely.
Use child's interest in time by suggesting something must happen "when the clock says __________," or "before I count to 26 go move your truck".
The defiance is a sign of growth - try not to overreact to it.

- 5 years - Positive cooperative age for many kids.

Calm, friendly, not overly demanding.

Mother/caregiver/teacher very important.

- 6 years - Strong emotions.

Expects others to adapt.

Wants to be recognized, wants to win.

Look for ways to encourage personal goals rather than competition between kids. Talk about the child's improvement but avoid comparing kids.

Many strong conflicts with caregivers.

- 7 years - More moody.

Withdraws from conflicts.

Wants private space.

Be aware of the child's need to be alone and to have a space that she can claim as private and safe from others.

Demands much of self.

- 8 years - High estimates of own skill.

  Speedy, plunges into activities and conflicts.

  Self critical

  Acknowledge the child's feelings in statements such as "I think you look disappointed", "Maybe next time you'll feel better."

- 9 years - More self contained and self sufficient.

  Stronger interest in friends than family.

  Takes things hard; tends to worry.

  Complains verbally.

  Has physical reactions to stress: headaches, stomach hurts.

- 10 years - Another relatively smooth time.

  Satisfied with adults.

  Enthusiastic.

REMEMBER that these are patterns of development with wide variations This is not a description of a normal child but rather a pattern that is common from grouping hundreds of children.

Remember Children's Behavior Grows As They Develop

Recognize and Accept Differences in Children

Know Your Own Values | Learn What Behaviors Parents Value

Think about these typical behaviors. Are they misbehavior or ??????

1. 3 year old Danny drives his folks bananas in church. He wiggles constantly, sits on the floor, and sings in a low voice during the sermon.
2. 5 year old Janice is an incurable slow poke. Getting her off to school is an ordeal. She finds something to attract her interest at every corner - the piano, a book, the dog. She smiles and is agreeable when her folks tell her to hurry, but she seems to forget the rush soon after.

3. 2 year old Lisa constantly gets into her parents' cleaning supplies. She has been told "no" many times and has even been spanked. As soon as her folks are out of sight, back she goes.
4. 6 year old Jeff came back from school with a few new words that shocked his parents. They told him many times that they did not want to hear him talk that way. Day after day the cuss and swear words continue.
5. 3 year old John has a ritual before going to bed. He wants a drink, a story, and insists that someone sit by him until he falls asleep. If they don't, he cries and asks them to take him to the bathroom.
6. 2 year old Linda is a biter. If someone makes her mad, she often gives them a Dracula chomp that leaves a visible mark.
7. 3 year old Dean throws temper tantrums when someone tells him he can't do what he wants. He throws himself to the floor and holds his breath until he turns blue.
8. 4 year old Tina talks constantly and often interrupts her folks when they are talking to friends. She pulls on their clothes and talks in a loud voice so it is impossible for them to hear.
9. 1 year old Joey rips books and magazines whenever he has a chance. He heads towards them with glee in his eye and leaves them in shreds

Which of these behaviors would you call misbehavior?

What would you name the others?

How do you decide what is misbehavior and what is not?

How does the child's age make a difference in what you consider to be inappropriate behavior?

Has what you consider to be misbehavior changed in the past 5 years? How? Why?

Does labeling a behavior misbehavior or not affect how you respond to it? How?

WHEN PEOPLE ARE TOGETHER THERE WILL BE STRESS

As a caregiver working with children you will find that your contact is demanding and often exhausting as well as rewarding. Research shows that adults react differently in all situations when they are under stress. One thing you can do is to examine your own stress condition and see how that tends to affect your reaction to children's behavior. For example, you may find that one day you are delighted that a child in your care can entertain herself by banging the pots and pans and on another day you find the noise from the same behavior very annoying.

Much disciplining is done because caregivers and parents reach a high stress level. One first step then in any discipline situation is to look at your own stress condition and calm yourself before working with the child. A second or two to breathe and think will allow you to choose rather than act on first impulse.

All children, too, experience stress from their interactions with others. Children struggle over many years in search of a balance of independence and security. This struggle means that their needs have literally collided with others around them. These conflicts of interest cause stress. Success in reducing these tensions is based not only on whether you solve the problems but on how you solve them.

Recognize and Deal with Your Stress
Remember Children's Behavior Grows As They Develop
Recognize and Accept Differences in Children
Know Your Own Values | Learn What Behaviors Parents Value

What signs do you recognize in yourself that show you are under stress? For example, how does your voice, your patience, your thinking, and your speed of acting change?

FEELINGS AND BEHAVIORS ARE BOTH IMPORTANT

In any interaction feelings and behaviors of both parties are involved. Healthy development is encouraged by accepting the feelings and then guiding or changing the behavior. You can train yourself to look for the feelings behind the behaviors. Anger, for instance, is an appropriate reaction to frustration. It is, however, a second stage emotion, meaning that it is developed after some other feeling such as annoyance, disappointment, or frustration. If an angry child storms out of the house slamming the door and we deal only with the door slam and not the feelings, we solve only part of the problem. One helpful style of encouraging children to recognize feelings and control actions is to make a statement of understanding before a statement of problem solving.

Example - "You look disappointed that your bike is broken. Is that how you feel? How about using your skateboard until the bike can be fixed?"

Example - "Are you feeling angry because the balloon broke? You look angry but you may not take Kari's balloon."

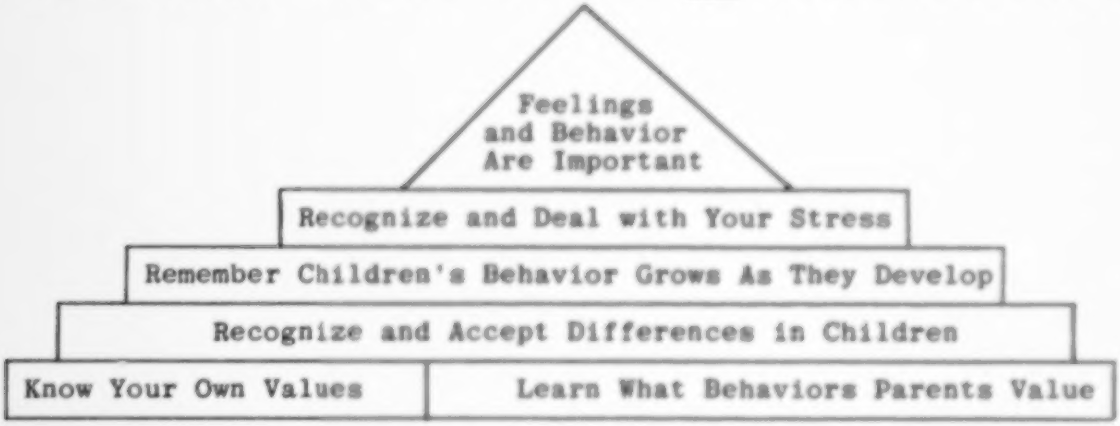
Example - "I think you look unhappy with your picture. You may not throw the chalk but you can throw away the picture if you feel like it."

As adults we can teach ourselves to deal constructively with our feelings of anger in dealing with children.

1. We can accept the fact that children will make us angry.
2. We are entitled to our angry feelings without guilt or shame.
3. We have a right to talk about how we feel as long as we do not attack the child's personality or character.
   "I feel annoyed when you leave the milk out." (Not, "Why are you so careless?")
   "I feel irritated when you whine." (Rather than, "You are such a baby.")
   "I feel angry about your running and knocking over the plant." (Not, "Why are you such a brat?")
   "That bugs me when you interrupt." (Rather than, "Stop butting in all the time.")

We should share with the child how we feel and what can be done to clear up the feelings.

A child's misbehavior can be so infuriating that you may be tempted to smack or shake the child. But adult self-control is absolutely necessary in caring for children. If you find yourself seeing red because of something a child has done, you will have to control yourself or leave the room until you calm down. Wait until you are calm to handle the child.


Feelings and Behavior Are Important
Recognize and Deal with Your Stress
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Observe during a day the good feelings expressed by children you care for. What makes each child feel happy, enthusiastic, friendly, sympathetic?

Are any of the children you work with always happy?

Are any children always angry and negative?

Young children express feelings openly. How do you think you would react to the following situations? What emotions are the children showing?

A. You plan a special day with three preschoolers at the zoo. One child is very frightened of the animals and spends the whole time crying, clinging to you and wanting to go home.

B. When you tell your day care children that you will all be going to the puppet show after rest time and that you'll stop for ice cream, they all get "wild," jump around, shout and become disruptive.

C. Three-and-a-half-year-old Shawn arrives in the morning in tears. As soon as he gets his coat off he pushes a puzzle off on the floor, and threatens the other children with kicking and shoving.

D. Patty is usually energetic and talkative but when she arrived on Tuesday she just stood silently in the playroom.

3. WHAT IS THE DIFFERENCE BETWEEN PUNISHMENT AND DISCIPLINE?

PUNISHMENT

Emphasizes past offenses

Child focuses on punishment and not the problem

Emphasizes child's failure

Makes children pay not necessarily change

Becomes less effective with older kids

Is often delayed until later

Is win/lose (the caregiver, the child or both are unhappy with results

Teaches kids to avoid adults when they are in trouble

PUNISHMENT TECHNIQUES

Using threats

Taking away privileges

Spanking

Nagging

Yelling

LECTURING

Scolding

Using shame

Using sarcasm

(How do you feel if someone uses these on you?)

DISCIPLINE

Teaches what is expected

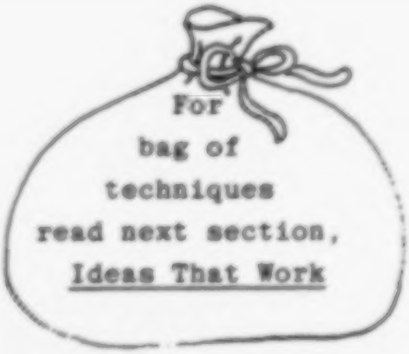
Expects children to improve

Improves with time

Is immediate and directly related or appropriate to the problem

Is win/win (both the adult and child are treated fairly)

Teaches kids that adults can be trusted to help them



For bag of techniques read next section, Ideas That Work

4. IDEAS THAT WORK - TOOLS THAT WORK

Listed below are many strategies that work in guiding children's behavior. Remember that the goal of most guidance is to help children develop appropriate self-control. This internal control without outside help is usually not developed until age 5-6 years. Even at this age it is only beginning and will not be present in many situations. Parents and caregivers who are teaching responsibility make themselves increasingly dispensable but each child will need your continued support and help.

All children need limits. Children are more secure when they know the rules and what is expected of them.

Make statements about the behavior rather than the child. Avoid labeling the child or his/her personality.

"You must not throw sand even when you are angry." (Not, "Why are you so mean when you are mad?")

"You are to clear your own place at the table." (Not, "Why are you so lazy?")

"You picked up all the toys quickly." (Not, "What a good girl you are today.")

Make rules simple, few and consistent. Know what your rules are and make sure the kids know them. Teach new rules one at a time. Make sure you can explain your rules and why you have them to both children and adults. Remember that just as it is hard for us to change a behavior, such as not yelling all the time, it is equally hard for children to learn new behaviors. Be patient.

Give kids time to comply with requests. Reasonable expectations help to avoid many conflicts. Children, like adults, find it difficult to stop an activity they are enjoying. Giving children a time warning allows them to prepare for a change.

"Five minutes until snack."

"You have 10 minutes before we'll need to pick up the blocks."

Teach yourself to be positive. This will probably take practice but most guidance can be stated in a positive way.

"Put the truck down while you slide." (Not, "Don't slide with the truck.")

"Tell me when I'm finished." (Not, "Don't interrupt!")

"Keep the truck on the floor." (Not, "Stop driving that on the couch.")

Give the kids attention when they are doing what you want. Children learn to repeat things that get attention. Often we teach kids to misbehave because we give them our full, instant attention when they do.

Catch them being good. Tell them you noticed!

Comment about play you like.

Spend time with kids playing happily.

Ask kids to "tattle" about positive things.

> "I'm glad you told me she shared that."
> "Thanks for telling me how much fun you two had."
> "Wow! I'm glad you showed me that block building."
> "I like eating when we can talk quietly like this."

Only make statements and requests you are willing to back up. Each time you make a request that you don't enforce you teach the child not to listen unless you get upset. You actually encourage the kids to be "adult deaf". Follow up every statement, such as: "Walk in the house." "Come here." "Come hang up your coat."

Make the discipline appropriate to the misbehavior. For example, if a child writes in a book with crayons, remove the crayons. If a child runs away from the group or into the street, fetch that child, hold her hand or take her back inside. If a child repeatedly spills food on purpose (and you are sure it is on purpose) remove the child from the table for a few minutes. If a child yells and screams during music or story or nap time deliberately to disturb the peace, remove the child from the group. Children almost always want to be with each other, so that having to leave the group serves as a real way to change behavior. Make the separation short and plan for a positive way for the child to reenter the group.

Learn to give win/win choices. Children need practice in making wise decisions. Opportunities to make wise choices give children both confidence and skill. In making win/win choices, the child can decide when or how but not if he will do something. Both you and the child should be satisfied, if not happy.

> "Would you like to take your bath before or after your snack?"
>
> "You must remember the rule about staying in the yard, or you must stay inside at playtime."
>
> "You may drive the trucks without crashing them into things, or you must park them until you can drive safely."
>
> "You can color without bothering the others, or you may leave the table."
>
> "You may eat this lunch pleasantly or you may leave the table but there will be no other food until snack at 3:00 p.m."

Allow kids to do as much for themselves as possible. Struggling and overcoming mild frustrations help kids gain skills and confidence in solving problems and finding solutions. Caring adults allow them to try hard but prevent them from suffering overwhelming defeat.

Listen to what children say with their words and behavior. Kids have good ideas and they are often creative in helping to solve a problem. A child who nags, whines or pesters is probably "shouting" for your attention. Without responding to the negative methods, you can choose to give that child more positive attention.

Encourage and help your child talk about feelings. Making statements about how you think a child is feeling opens the door for the child to agree or correct your picture.

"You look so happy, did you have a good day at school?"

"You look angry about what I said. Is that how you feel?"

"Look at Kurt's face. I think it's very hard for him to wait so long for his turn."

Encourage children for their efforts. Children should not have to be "best" to get recognition.

"I see you are trying."

"It's hard for her but she is working hard."

"Try your best and see what happens."

"He can't do it yet but he will some day."

"You tried, practice again when *you're* ready."

Encourage each child to set personal challenges and avoid comparing kids. Talk about the fact that each person does some things easily or with more effort.

"You tried much harder this time." (Not, "You still aren't as good as Jack.")

"Your room is neater this week." (Not, "Why can't you keep your room like Roman's?")

"I know you feel bad because you can't throw the ball very far. Practicing might help."

Stay out of kids' conflicts if children are not in physical danger. Many conflicts are "staged" to get adult attention or to set up a problem for another child. It usually takes some agreement on the part of both or all kids to continue a battle. Children who solve their own battles learn the *skills* of getting along.

Know the difference between sympathy and pity. Sympathy shows you're sorry about *what* happened. Pity says you feel sorry for the child and implies the child can't handle the situation.

Help children see the cause and effect of their behaviors.

"When you leave the toys all over you don't have room to play."

"You left the table so you are finished with the meal."

"You didn't put the pieces back in the box and now they are lost."

"You shouted at her and now she doesn't feel like helping you."

"You didn't come when I called you so you missed snack."

Add a positive expectation to cause and effect statements.

"You left the yard so you must stay inside. *Tomorrow you can remember*."

"You left the playdough out when you were finished and it is too dry to play with. *Next time put it right into the container*."

Teach manners in private and help kids see that the meaning is to make pleasant contact with others. Children are often embarrassed by "forgetting their manners". When we say to a child "What do you SAY?" just after Aunt Jane gives her a quarter, the child is more aware of feeling uncomfortable than of thinking that the "Thank you" made Aunt Jane feel good. If the adult simply thanks Aunt Jane, the child will often follow the lead. In any case the child learns the meaning of the words by being reminded in private later that we help the other person know we liked the gift by saying thank you.

Act don't talk. When behavior must be stopped or when the rule is well known, positive action is better than words.

> You see a 3½ year old throwing sand five minutes after you talked with her about this. Walk to the child and remove her from the sandbox. No further discussion is needed.
>
> After one comment about mealtime behavior a five year old continues to make loud noises while eating. Remove his plate and kindly but firmly take him from the room.

Ignore, REALLY IGNORE, annoying but not dangerous or contageous disruptive behaviors. The quickest way to get rid of many annoying behaviors is to ignore them to death. A child who gets no attention from adults for picking his/her nose will soon learn from other children that the habit is not "cool". Children who call, cry and get up at bedtime who are returned to bed without comment or contest learn that after tuck in they get no more.

> Remember NOT to ignore dangerous or destructive behavior nor behavior that you can only take for "so long". If you hold out awhile then give in you actually teach the child to keep the behavior up for a long time just in case you will give in. Always think safety first.

Use your voice wisely. Your tone of voice and your volume tell kids a lot about how you feel. If you save a raised voice for a few meaningful times it becomes a strong tool. A positive statement made with a cutting tone of voice sends a negative message. (You probably remember times when you remember not what someone said but how they said it.) Children who are around adults that talk at top volume most of the time learn to listen less not better.

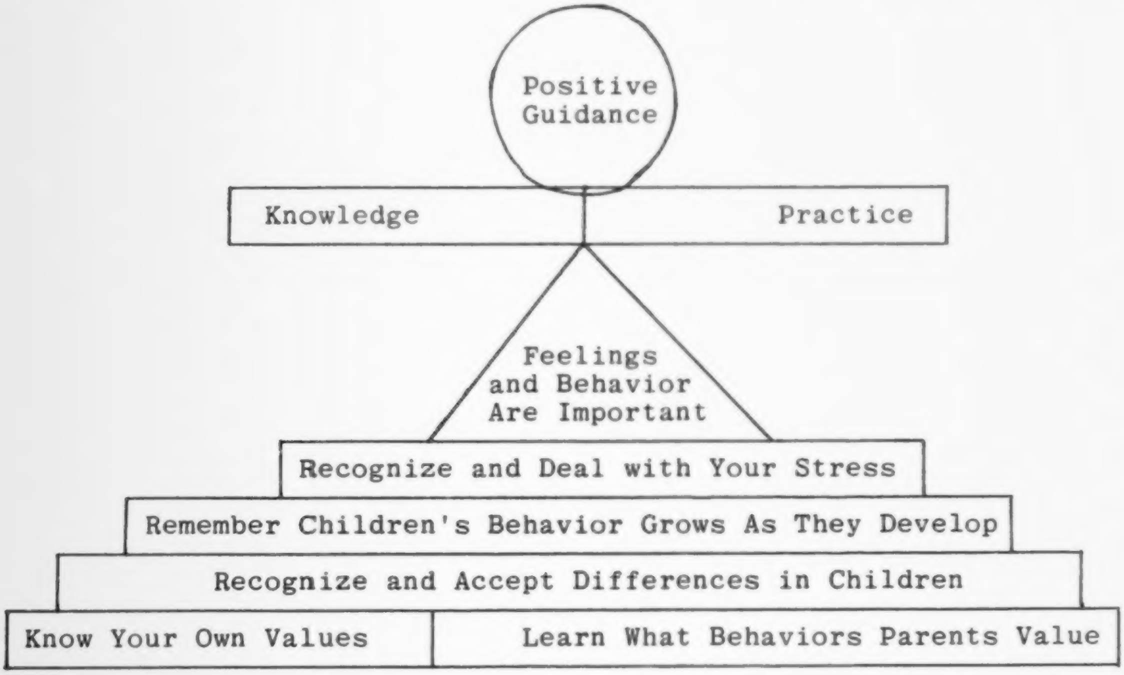
Be a model for behaviors you would like to increase. If you want the children to use quieter voices, practice this yourself. Show the children appropriate table manners rather than constantly telling them what they should do. Talk about problems and look for solutions rather than hitting or yelling. Children learn more from what you do than from what you say.

Make time each day to have FUN with each child and the group.

Make your own choices of what guidance you will use. Any new technique will seem strange at first but give yourself time to develop the skills of being positive. Ignore all of the comments you may get from people who suggest that: "There is only one thing that kids need." "If you would just spank him, the kid would learn not to hit people." "He's just a terrible two, there's nothing you can do but live through it."

Seek out help if you would like a second opinion. Often getting an objective bit of support can be helpful in dealing with children's behavior. Locate a contact you know that: 1) has extensive knowledge about children's development; 2) will respect your goals and values; 3) can help identify possible methods of solving the problem or guiding the behavior.

Keeping the ball in the middle is not easy but it is worth the effort!


Positive Guidance
Knowledge
Practice
Feelings and Behavior Are Important
Recognize and Deal with Your Stress
Remember Children's Behavior Grows As They Develop
Recognize and Accept Differences in Children
Know Your Own Values
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Keep this unit in a handy place and review it at times when you feel you are not reaching your own goal of using positive guidance with kids.

Following are some are some activities which will help you think about and practice some of the ideas from this section.

Be aware of your voice as you work with children. Would you respond positively if someone spoke to you in exactly the same way?

Think about the children's feelings and your own just before you use a guidance technique. Then think about how everyone was feeling after the situation was worked through. Describe your observations.

How many rules would you guess you have for the children in your family day care group? Would it be 10, 15, 25, 100?

A. What rules do you have about physical safety?

B. What are the rules for using toys and play materials?

C. What are the rules about kids playing with each other?

D. What rules do the kids have in interacting with you?

E. What other limits are the children expected to follow in your home?

What do you do when children break these rules?

Which rules are broken most often?

How are the limits, rules and restrictions different for each child you care for?

Sometimes children misbehave because the day's activities or the schedule asks too much of them. Can you think of times when you think that the following may have been the reason for problems?

A. Mix of ages in your family day care group or lack of appropriate activities for each age group.

B. The arrangment or number of toys.

C. The schedule or time of day.

Most adults have a set of phrases that are used from habit but that get either no response or negative results.

Some examples - "How many times have I told you not to do that?"
"Who had it first?"
"Who started this?"
"We don't do that."
"Who did that?"
"Don't let me ever see you do that again."
"Did you do that?"

Listen for statements you use that don't work. What did you hear yourself say?

Make a guess about how many times you say "NO" "Don't" "Stop doing . ." "Quit . . ." during a day of child care. Then really listen to yourself for a day and see how close you come to your guess.

Learning to use positive guidance takes lots of practice and much commitment. Work out a way of saying the following things in positive statements.

Example:

Negative	Positive
Don't chew with your mouth open.	Keep your mouth closed when you chew
Stop picking up the baby.	Let the baby play on the floor.

Don't throw sand.

Stop banging the door.

Quit hitting him.

No! Don't climb up there.

Don't spill your milk.

Now, don't color on the table.

Don't bang those trucks together.

No, you can't have a cookie. Don't ask for it again.

Stop whining.

Don't stand up when you slide.

Don't stand in the swing.

You'll fall if you don't watch out.

Don't jump off the box.

Don't play with the stick. You might hurt someone.

Don't dump the puzzle pieces on the floor.

Don't tear the book.

Don't shout.

Don't put your hands on anything.

Be careful. You might fall.

Don't rock on your chair.

Don't lean forward so that the other children cannot see.

Be careful. The swing might hit you.

Don't drip paint on the floor.

Don't you want to put an apron on?

Don't you want to wash your hands?

Don't you want your milk?

Don't bother the other children.

Think about the last day you spent with kids. In what ways do you think each child felt your respect? What comments of encouragement do you remember making?

Which guidance techniques or new tools would you really like to try with your group?

SELECTED BIBLIOGRAPHY

Guiding Behavior of Young Children

The following is a limited bibliography to help supplement the content of the unit. We realize there are many resources available and have tried to choose the best, most recent and most useful publications. We have included publications which represent a variety of philosophies and views about effective child-rearing and guidance. The resource materials can therefore be used for comparison of alternative guidance techniques and in accordance with caregivers' past experiences and beliefs.

Trainers and caregivers should also review the bibliographies for the units Self-Esteem in Young Children and Ages and Stages of Child Development. The resources listed in these units also provide information on positive guidance and normal behavior patterns.

Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection.

BOOKS FOR THE TRAINER

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Available from the publisher, 7750 Thirty-first Avenue NE, Seattle, WA 98115 ($9.95).

Marion, Marian. Guidance of Young Children. C. V. Mosby, 1981.
Available from the publisher, 11830 Westline Industrial Drive, St. Louis, MO 63141 ($15.95).

Mead, D. Eugene. Six Approaches to Child Rearing. Brigham Young University Press, 1977.
Available from the publisher, 205 University Press Blvd., Provo, Utah 84602 ($5.95).

Ozer, Mark N. and Collins, Jean E. The Ozer Method: A Breakthrough Problem Solving Technique for Parents and Children. William Morrow & Company, 1982.
Available from the publisher, 105 Madison Avenue, New York, NY 10016 ($12.50).

Schaefer, Charles E. and Millman, Howard L. How to Help Children with Common Problems. Litton Education Publishing, 1981.
Available from New American Library, 1633 Broadway, New York, NY 10019 ($7.95).

BOOKS FOR CHILDREN (Continued)

Crary, Elizabeth. I Want To Play. Parenting Press, 1982. Available from the publisher, 7750 31st Avenue NE, Seattle, WA 98115 ($3.95).

Crary, Elizabeth. My Name Is Not Dummy. Parenting Press, 1983. Available from the publisher, (see above) ($3.95).

FILMS

Discipline and Self-Control. Modern Talking Picture Service. Available for loan from various locations throughout the U.S. For locations in your area, contact Modern Talking Picture Service, Film Scheduling Center, 2323 New Hyde Park Road, New Hyde Park, NY 10040. In Minnesota, available from Modern Talking Picture Service, 9129 Lyndale Avenue S., Minneapolis, MN 55420 (No rental charge).

FILMSTRIPS

Daily Disagreements. A set of 5 filmstrips and cassettes from the series Family Differences: Understanding Conflicts Between Parents and Children. Parent's Magazine Films, 1977. Available from the publisher, Communications Park, Box 5000, Mount Kisco, New York 10549 ($109/50/set of 5 filmstrips).

Day to Day With Your Child. A set of 5 filmstrips and cassettes from the series Bringing Up Children: A How-To Guide for Parents and Caregivers. Parent's Magazine Films, 1977. Available from the publisher (see above). ($109.50/set of 5 filmstrips).

Dealing with Daily Situations. A set of 5 filmstrips and cassettes from the series Working with Children: A Commitment to Caring. Parent's Magazine Films, 1978. Available from the publisher (see above). ($109.50/set of 5 filmstrips).

Everyday Problems of Young Children. A set of 5 filmstrips and cassettes from the series Growth and Development in Children: A Primer for Parents. Parent's Magazine Films, 1974. Available from the publisher (see above). ($109.50/set of 5 filmstrips.)

OTHER

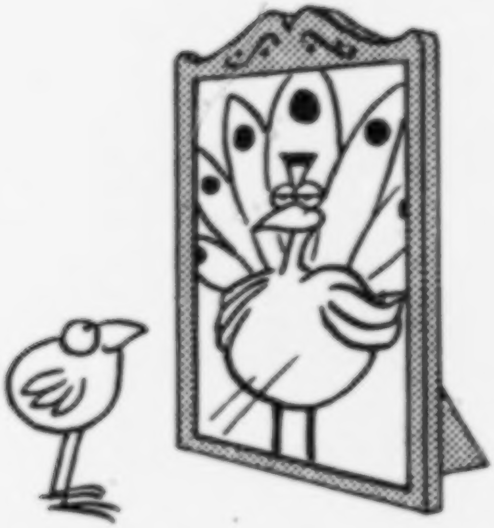
Because I Said So. Minnesota Family Day Care Training Project, 1975. Slides and cassettes. Available from Audio Visual Library Service, University of Minnesota, 3300 University Avenue S.E., Minneapolis, MN 55414 (#7E0935) ($5.50 rental).

OTHER (Continued)

Child Guidance Techniques. Cooperative Extension Service, Ohio State University.
Pamphlet. Available from Extension Office of Information, The Ohio State University, 2120 Fyffee Road, Columbus, OH 43210 (#521) (30¢).

S.T.E.P. Systematic Training for Effective Parenting. American Guidance Service, 1976.
Kit. Available from the publisher, Circle Pines, MN 55014 ($104.50).

The Why and How of Discipline. Revised edition, Aline Auerbach, 1974.
Pamphlet. Available from Child Study Press, a Division of Child Study Association of America/Wel-Met Incorporated, 853 Broadway, New York, NY 10003 ($1.25).



Self-Esteem in Young Children

INTRODUCTION

1. THE DEVELOPMENT OF SELF-ESTEEM
2. SUGGESTIONS FOR BUILDING SELF-ESTEEM
3. WAYS OF ENCOURAGING CHILDREN

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

The major goal of the Self-Esteem Unit is to help the caregiver become aware of the importance of self-esteem in both the children's lives and in her own. The specific objectives of the unit are to aid the caregiver with the following:

- *to gain a greater conceptual knowledge of the notion of self-esteem and self-concept.*
- *to understand that children with positive self-concepts are more apt to try new things, to be interested, enthusiastic learners, to develop healthy and loving relationships with others, and to develop self-reliance. These qualities are necessary for successful childhood and successful adulthood.*
- *to understand that children learn and develop opinions of themselves from the way others treat them. Because of the time a child may spend in her care, the caregiver has an important influence on the child's development of self-esteem.*
- *to develop skills for interacting with children in ways which will help them develop positive self-concepts.*

The first section of the unit includes a reading containing basic information about self-concept development in children. It also includes two sets of questions. The first is for the caregiver to answer regarding current things she says or does to build self-esteem in children. These questions and her answers should be used to reinforce her strengths and to build her confidence in her child care abilities. The second set of questions is designed to increase the caregiver's awareness of her own self-concept.

The second section of the unit, Suggestions for Building Self-Esteem, offers the caregiver specific ideas on ways to interact with children to help build their self-confidence. It illustrates cause and effect of certain types of interaction and feedback.

The third section of the unit, Ways to Encourage Children, provides specific examples of helpful statements for reinforcing positive behavior. It should not be approached simply as "saying the right things", but rather as alternative ways of phrasing positive feedback. It is difficult when working with young children to think of things to say other than, "Oh, you're such a good girl", or "Oh, you're acting like such a big boy". When reviewing this section, help the caregiver understand that it takes plenty of practice to learn to look for and respond appropriately to positive behavior in young children. The chart at the end of the section will help her begin this practice.

As with most of the home based training units, the basic method of training is a clarifying and reinforcing technique. Only when the caregiver begins to reflect on her feelings and awareness of self will she begin to understand the concept of self-esteem. Reflection by the caregiver about those things which help her feel positively toward herself should lead to her being able to transfer this knowledge to her work with children. Therefore, your first objective as a trainer should be to help the caregiver clarify her feelings regarding the concept of self-esteem. It should be noted here that caregivers may feel somewhat confused over the meaning of self-concept, self-identity, self-esteem, self-actualization, self-image, self-confidence, etc. You may need to help the caregiver become familiar with the general meaning of these terms and the fact that they may be used interchangeably. In this handbook, we have used self-concept to connote the general feeling (either positive or negative) one has toward one's self. Self-esteem is used to connote a positive regard for one's self.

Throughout the unit, you will need to reinforce the caregiver for those things she does to help children develop self-esteem. You will also need to reinforce the caregiver in her task of looking at herself and examining her own self-concept. Reinforcing her through comments such as, "You have such an important job caring for children", or "You communicate well with the children", not only helps the caregiver gain a positive self-image but serves as a model for the caregiver as well. Additionally, the way a trainer interacts and responds to the caregiver is a reflection of the trainer's own self-respect and self-esteem. In summary, you can teach by modeling as well as by the written materials included in the unit.

SELF-ESTEEM IN YOUNG CHILDREN

Everyone has some sense of self: who we are, what makes us unique, whether we are worthwile. Self-concept (our feeling about ourselves) is not just a fancy idea, it is the foundation on which our personality and behavior are built.

This unit is designed to increase understanding of how children's self-concepts are formed and to provide specific ideas and ways you can help children develop self-esteem. The unit is divided into three sections. The first section includes a reading containing basic information about self-concept development in young children. This section also includes a number of questions to help you think about your ideas and feelings related to self-esteem. The second section offers specific suggestions for ways you can interact with children to help build their self-confidence. The third section provides examples of helpful statements which encourage positive behavior in young children and which also builds their self-esteem.

1. THE DEVELOPMENT OF SELF-ESTEEM

The importance of the development of positive self-esteem in children cannot be overemphasized. In young children it affects how well they play and interact with other children, how well they behave and exercise inner control of behavior, and how willing they are to try and to learn new things. As children grow, it affects the kinds of friends they choose, how well they do in school ("If I'm just a dummy, why try", versus "I know if I try hard enough, I can get it"), and how they make use of their talents and abilities. In adults it affects the ability to give and receive love ("Am I worth being loved?"), a person's contribution to society, including his integrity, strength and creativity. A person's self-concept has a direct and important bearing on his/her ability to enjoy life, to be happy or unhappy, to feel success or failure.

It is difficult to say how self-concept is formed, however, there appear to be three major factors: how children are treated, how children perceive their opinions of their family and whether they experience success more often then failure.

HOW CHILDREN ARE TREATED. Initially a child's personality and self-concept develops from how other people treat him and, therefore, how he perceives he is valued by them and entitled to value himself. The infant who knows the feeling of love and warmth, and that his physiological needs will be met, behaves quite differently than one who is handled roughly, with no communication of love, or allowed to "cry it out" or to go hungry and cold and wet without apparent recognition of or concern for his feelings. As a child grows, it is important to recognize his needs in each stage of development and to respond in a firm positive manner. For example, it is easy to feel that a two or three year old who is experimenting with his growing independence and his need to learn by doing is "getting out of control" and therefore requires strict punishment. However, if disciplinary, teaching, or toilet-training methods end up with the child feeling evil or stupid or dirty - even if the original teaching or training purpose was served - the negative aspects of what he has learned will in the long run outweigh the original purpose. A child who feels bad usually acts bad; a child who feels in control of his behavior usually can exercise this control. Most people most of the time live up to or down to what other important people expect of them.

Children do need to learn self-discipline and appropriate behavior, but good discipline, which is humane and which effectively stands the test of time, is discipline which treats children with concern and respect. Young children need the same dignity and professional excellence from conscientious adults as do people in general. Indeed, children blossom almost in front of one's eyes when treated with respect.

CHILDREN'S PERCEPTION OF HOW THEIR FAMILY IS VIEWED. The second stage of a child's development of self-concept incorporates his perception of how his family, particularly his parents, are viewed by other people. Since his primary sense of identity is derived from his parents, his self-worth will be dependent on how others, including his caregiver, view his parents. Great care needs to be taken to avoid comments or thoughtless remarks, either to the child or in the child's hearing, that depreciate the parents.

In our society, racial, ethnic, religious, and economic identifications come with built-in stereotypes - which are often negative. To counteract the effects of discrimination, it is first necessary to try to understand what life is like for the other person. This means more than learning a song or eating an ethnic food. Rather, it means trying to get "into the skin" of the other person and imagining what his life is like. It is also useful to learn as much as you can about other cultures; many of the hurtful things done to minorities are done out of ignorance. A simple example, for instance, is the assumption that everybody in the world celebrates Christmas. Jewish families do not celebrate Christmas; Moslem families do not celebrate it; nor Buddhist families and various others. These are not little pieces of information that are nice to know, but essentials to know if you are to give ordinary respect to others and certainly if you are to support family values for the children in your care.

The poor and single parents are also, in many ways, minority cultures in our country. Some of you have been there and will remember how it felt to be looked at like a subperson when you got out your food stamps at the check-out counter or have overheard comments such as "Oh, she's just another one of those single parents". The literal meaning of prejudice is prejudging, deciding what people are like before one has had a chance to find out. If you have ever had this experience, even in a small way, you know how trapped and angry and helpless it makes you feel. Try to feel your way into what it is like for people who are always judged by the color of their skin or the condition of their clothing, to have assumptions made about their faults or virtues from purely external appearances. For a relatively painless example, how do you feel when you are called a housewife or babysitter in a slightly contemptuous tone? If your six year old son, like thousands of others, is finding beginning reading difficult, how would you feel if your neighbor made a crack about the dummy group in reading? If you spend some time at it, you will be able to find enough examples from your own life situation, no matter how fortunate, when you have suffered from prejudice. It should be possible, then, for you to imagine what it must be like to live every day in its shadow and to begin to think creatively about what you might do to help those children in your care who suffer from prejudices to establish or regain self-esteem. In summary, all children need help in developing healthy attitudes about differences between people and pride in who they are including their cultural heritage and family background.

LIFE EXPERIENCES WITH SUCCESS AND FAILURE. A child's self-concept is not devoid of reality. He soon finds out whether he is popular or not, which reading group he is in, how fast he runs compared to other children, whether he is always in trouble or not and whether his efforts meet with success more often than failure. Rather than sitting back and saying, "That's just the way it is," you as a caregiver can do much to help the child gain competence and confidence in his abilities.

One way of doing this is to carefully observe the child and to seek out those developmental areas of growth in which he needs extra guidance or help. You can then plan activities to increase his skills in these areas.

Another way is to build on his strengths and to capitalize on instances of good behavior. If he has had trouble sharing, look for the times he does share and compliment him. If a child is gaining skills in running, throwing a ball, or any activity, let him know you are noticing. Through your observations and sensitivity you will be able to seek out areas of improvement and tell him of your approval.

These kinds of "building" efforts, however, must be done with genuine concern and belief in the child as a worthwhile individual. If they are done with the belief that the child really is incapable and needs you to push him, he will only rebel and have his poor self-concept reaffirmed.

It may be helpful to look back over a period of time spent with children to check out what you have said and done that contributed to the development of either positive or negative self-concepts in the children for whom you care. Don't be surprised if you find out that you unintentionally said and did a number of things that did not contribute to their sense of self-worth. How we ourselves were brought up has a lot to do with how we deal with children, and many of us had parents who believed that pointing out the error of our ways - and often of our character and personalities - was the correct way to bring up children. So it may take some hard work and some changing of well-established habits for you to be able both to keep self-concept in mind, and even harder, to act accordingly. This does not mean you should become overly worrisome about saying and doing the "right" things all the time, but rather, once you come to genuinely believe that it is important for kids to feel good about themselves, the rest will follow. You will probably occasionally say or do things which "put down" children, but once you are aware of this you can often repair any damage done by telling the child you are sorry and that you really think he is a great person even though you sometimes do not sound like you think so when you get angry.

Because people see others, and particularly children, in the light of their own self-attitudes, you must begin to look at your own self-concept and the kind of example you set. What is your answer to the question, "Who am I?" What kind of person do you see you are? What qualities do you see yourself having and how do you feel about them? Do you basically enjoy being yourself or would you rather be someone else?

If you do not always like yourself, keep in mind that this attitude is learned. It is not a correct reflection of your worth but rather what you have learned to believe about yourself.

Hopefully, as you become aware of the importance of self-esteem, you will take active steps to strengthen your own self-respect. Your own growth will pay off, not only for you, but for countless generations to come as your children and the children for whom you care pass on their self-acceptance to their youngsters and they to theirs.

Following are some questions to help you assess your present interaction with children and how this interaction affects their self-concept development.

At what age do you think children begin to have some ideas of themselves and what they can do? When do they think of themselves as "good" or "bad" or able to do things well or inadequately?

How can you tell what a child thinks of himself and how do you think it affects his behavior?

What kinds of things do you say and do with the children for whom you care to help them feel good about themselves and the things they can do?

What kinds of things are often said that may make children feel inadequate or ashamed of themselves?

In what ways are boys often treated differently than girls? How do you think this affects this attitudes and abilities in later life?

What types of things can be done to guide behavior and still keep the child's confidence intact?

How do you show love and affection to the children in your care?

What other kinds of things do you think are important in helping children develop positive concepts of themselves?

The way we treat others reflects the way we think of ourselves. The following questions are designed to help you think about your own development of self-concept.

How would you describe yourself (for example, what do you think are your strengths, weaknesses)?

What are some of the things that you enjoy the most about being a day care provider?

What are some of the things that you don't enjoy?

When working with your own or others' children, do you feel comfortable "just being yourself"?

What kinds of praise, suggestions or criticism do you receive from the parents? How do you feel?

How do you think the parents of the children view you and your work?

How do you feel your work compares to others' work outside the home?

2. SUGGESTIONS FOR BUILDING SELF-ESTEEM

All children, regardless of their background, will become happier and more self-fulfilled adults if they grow up liking and believing in themselves. The interaction between a child and adults in his environment is the key ingredient to what kind of self-concept a child develops. As a caregiver, you are a key adult in the lives of the children in your care. These are things which can be done through your daily contacts with the children to help them feel good about themselves and what they can do.

1. Set a good example.

Recognize your own worth as a unique individual. In the lives of the children in your care and their parents you are an important person doing an important job. You know your strengths and talents, and your own "specialness". Work on feeling good about yourself.

2. Let children know they are loved and wanted.

You may know the loneliness of feeling unloved, unwanted or unworthy. Children learn they are worthy individuals and worthy of love by being loved and wanted by those who care for them. If they are valued by others, they learn to value themselves.

3. Include the children in your daily activities and in making decisions or solving problems.

Being included rather than just learning to do tasks or jobs helps children learn responsibility and cooperation. They learn that their contribution can be useful to others. For example, discussing "where the new toy can be put so it won't get broken" will help the children assume responsibility for its care. Think about activities (both work and play) in which children can be involved together and with you. This will help them feel important and worthwhile.

4. Tell children their strengths.

Children need feedback on how they are progressing and what they do well. You can remind them, either singly or when they are in a group, of what they did that day and how interested you are in their accomplishments. Sometimes this is hard, especially if a child has been quietly hanging back the whole morning and not really doing much, but you can usually find something positive to mention. The caregiver who is alert to a child's inner participation, even if it looks as if that child is simply watching the rest of the children, uses that little bit to encourage the child.

"Pete, I saw you looking around alot today. I think you saw a good deal. People feel like watching sometimes, and you were watching some children coloring. You might like to color sometime;" or "You seemed to be listening to the story I read and looking hard at the pictures everytime I turned the page." This shows your acceptance of the way Pete interacts with the group; it does not press him into total participation right now (pressure might only prolong his hanging back).

Do not pit one child against another, and do not push. Give them a word picture of their activities in all-inclusive, encouraging terms. The children will feel good about themselves and will look forward to the next day. Lessons in self-esteem help children recall, organize and verbalize their experiences.

5. Treat each child with honesty and respect. Never compare one child to another.

Children's efforts, persistance, and improvement should be recognized rather than comparing their accomplishments and abilities with others. "You're steadier on your bicycle this week than last." Even infants and toddlers recognize the implications of statements such as, "Susie sure said a lot more words than Johnnie at age two", or "By the time she was Johnnie's age she was completely toilet trained."

6. Do not make fun of children's attempts to do or understand things.

Although children's efforts or statements can be humorous, it is humiliating at any age to be laughed at. Children learn by trying and re-trying new tasks. Let them know you value their attempts.

7. Avoid belittling comments, sarcasm and negative labeling. Never shame a child into trying harder or behaving better.

Shame does not make young children feel like trying harder; it just embarrasses and inhibits them. Never put pressure on a four-year-old child to be less like a baby and more like a big boy or girl; he is neither a baby nor a big boy and such pressure simply makes him feel that being four is not good and that he does not measure up. Name calling such as "Don't be a 'dummy'", or "You're just being a brat", is equally destructive.

There are some other conversational pitfalls to avoid. Personal questions which pry have no place in a conversation with a child (or parent). Remarks which put down another child or adult have no place. Questions which obviously are too hard to answer (and which result in a child's embarrassment) should be tactfully withdrawn if mistakenly asked. Remarks about a child to another adult in the child's presence should not be made. Unpleasant, inflammatory reports of his misbehavior to the child's parent at the end of the day should not be discussed in front of the child; they do a disservice to both the child and the parent. No matter how unsettled or impatient or discouraged you may feel about a child or with the child's family, you must remember to converse only in a responsible manner to the child, and about him to others.

8. Be sensitive and responsive to the needs of the children in your care.

Children begin learning trust and confidence during infancy by knowing their needs will be attended to. There is no need to fear spoiling babies (at least not until they are older than eight months) by holding and caring for them when they are crying. As children grow they need to learn that you will be a resource person as they learn to meet new challenges. As they gain trust in you, they can learn to trust themselves to handle day to day problems and activities. You can assist with statements such as: "How would you feel about my helping you with this?", "Next time it may go better", "It takes a long time to learn this, and that's all right." With help and encouragement, children who have the experience of trying and succeeding are able to go on, powered by strong motivation, to more complex problems and activities. Far from "spoiling" children, language of honest approval serves to propel them onward with renewed effort and conviction that they can do the work they undertake.

9. Be aware of your own feelings about each child.

It is normal to be attracted to some children more than others. However, if you catch yourself continually giving more attention to some of the children and not to one or two of the others you will want to reassess the situation. Experienced caregivers have found it useful to make a serious effort to become better acquainted with the child to whom they are not naturally drawn. Spend a little more time interacting with this child individually. Try to find out what is special or unique about him. Accept the child for what he is, not what he does. Remember, the cute, bright, and appealing child will probably receive frequent positive feedback from others. The child without these readily apparent characteristics needs your respect and attention most.

10. Encourage children to try new things and to gain competence in new skills.

Children need to feel successful in work and play in order to gain the courage to try and to learn new things. They soon learn to judge themselves according to your expectations and according to what others can do. They need your patience and help to gain competence. If you notice a child somewhat behind in some skills, no matter how much you tell him how great he is, he will still feel of lesser worth when he compares himself to other children. You can best help him by offering him guidance and encouragement to help him improve his skills in those areas he seems weak. This includes competence in physical, social and cognitive areas of growth. You may want to refer to the Ages and Stages Unit or the unit Your Home: A Place For Learning to plan activities which will benefit him.

11. Give genuine and specific encouragement for achievements and jobs well done.

Try not to reward children only for successfully completing a task. Rather try and help each child recognize his progress, measured on his own terms, "Aren't you proud of yourself".

General comments such as, "You're a good boy or girl", imply to children that they are only worthwhile as long as they do not make a mistake. They also may not be quite sure of exactly what they did right to deserve the praise. Specific comments such as, "I noticed you shared the truck with Diane", or "Thank you for picking up the toys, I appreciate that," are far more helpful.

12. Give sympathy and understanding when things do not go well for the child.

There are days when children are loaded with troubles: if things have gone badly at home or on the way to your home, a child's face, posture, or walk may disclose to you that his mind is focused on a private sorrow or struggle or fear. Vary your ways of helping, depending on your knowledge and hunches about each individual child. Some children cannot accept comfort other than an arm around them or a pat on the shoulder or even just someone standing or sitting close by. Other children rush to pour out their troubles in words or to sob on a lap. Still others may strike out in desperate, blind retaliation for disturbances in their lives. Honest reassurances need to be stated; "I know it's hard sometimes, but you are strong, and you will be all right. And I will listen if you feel like talking about it."

Most often, you will be able to help and reassure a troubled child by simply being physically near him and indicating your support. You may also want to remember his favorite activity and get him involved in it. Your strength and faith in the child will be the most helpful to his gaining confidence in his own ability to cope with personal struggles.

13. When disciplining a child, it is important to let him know that you still love and respect him as a person, even though you are disappointed in his behavior at the time. Expecting good behavior is a positive influence; however, making him feel bad as a person when he misbehaves often makes his behavior worse.

Try to focus on the behavior or the rule rather than the child being bad. For example, "This rule is . . . . .", or "I would like you to share this toy", rather than "You're a bad boy". Discipline should be a time when learning can happen; give the child specific information about what behaviors you would like to have him change.

14. Encourage, support and help children do things for themselves. Over protection or domination weaken children's self-image.

Children gain self-confidence by knowing they can do things on their own. Children who continually have well-meaning adults doing things for them or solving their problems for them will not get important practice at skills needed for later self-sufficiency. This includes simple things such as not being carried when they can walk or learning to dress themselves. It also means learning to work out problems with other children and to cope with their feelings. Learn to identify when each child is experiencing healthy frustration. If a child has reached his limit, step in and help, but otherwise concentrate on encouraging his growth by letting him work out his own problems.

15. Appreciate how important a child's feelings are and understand what kinds of feelings or reactions are normal at different ages.

Feelings (anger, joy, sadness, excitement, hurt) are acceptable whatever they are, but the action or behavior is controllable. Statements such as "I understand that you are angry, but you may not hit because of it", let the child know that it is okay to be angry but he still must control his behavior (hitting).

16. Talk with children, not always at or to them.

Children are people too. They should be talked to as you would talk to a friend. Conversation and communication should receive prime time. The idea is not to let children idly call out or talk endlessly without tuning in to others. Rather, the idea is that the communication of thoughts, ideas, questions, fantasies, insights, is basic learning. Use all occasions for meaningful talking and listening. Warm, chatty conversations are natural at the lunch table, but they are to be sought and engaged in during all of the day. Try to "tune in" to the children and to be available with meaningful responses when a child approaches you with questions or conversation during outside play and on walks, during table work, and when arriving and departing. The desire for talking and listening must be truly felt by the children; it would be presumptuous for a grown-up to insist in conversing at a time when a child felt like being alone for awhile with his thoughts or when he was concentrating on his tasks and was silent by choice. But if the children know that you listen attentively to them and have a high regard for their ideas, they will give voice, in their own good time, to their observations and questions and learn to listen to your adult response.

17. Look for opportunities to help each child recognize his own good feelings about himself.

Young children learn very early to respond to praise and encouragement from other people. They sometimes need help in learning that it is okay to feel good inside when they experience success.

Try to see and talk about the child's feelings. For example, "You looked so happy when you got your shoe on", "I could tell you liked your picture because you smiled when you were finished." Give time for the child to respond to your comment if he wishes to.

18. Reward each child with statements and actions just because he exists.

Statements like "I'm glad I'm getting to know you", "I'm glad you're here", "I like being with you", "It's good to see you". "You are important."

3. WAYS OF ENCOURAGING CHILDREN

These suggestions can be encouraging to a child but they will work only if you express a feeling of trust, confidence, acceptance and belief in the child. If you express a feeling of moralizing, preaching, lack of confidence, or impatience, these same suggestions will have discouraging results.

1. "You do a good job of . . ."
   "I like the way you did . . ."
   "That is a good idea!"

   Children should be encouraged when they do not expect it, when they are not asking for it. You can find behavior or actions you desire and notice them. This will encourage children to continue the acceptable behavior.

2. "You have improved in . . ."
   "This is better than the last time you did . . ."

   Improvement and growth is something we should expect from all children. If there is progress, there is less chance for discouragement. It is important to compare only against the child's own improvement rather than comparing to others.

3. "You may expect me to think you can't do it, but I think you can."
   "If you try, you may prove to yourself that you can do it."

   When a child conveys that something is too difficult, he or she can be encouraged to try. Our expectations should be consistent with the child's ability and maturity.

4. "Whoops, you made a mistake. What can you do differently next time?"
   "That did not work. What do you think happened?"

   Nothing can be done about what has already happened. It is possible to learn a great deal from mistakes. A mistake is not the end of the world!

5. "Which toy do you intend to pick up first . . . the rabbit or the truck?"
   "What are you going to eat first . . . the meat or peas?"
   "Can you get down alone or shall I help you down?'

   When something needs to be done, expect that it can be managed. The situation may dictate that there is no choice about doing something. However, having a choice about where to start or how to do it lessens the child's feeling of being forced. Give reasonable choices only when there is a choice. There may be no choice about hazardous situations.

6. "I really like the colors in your pictures."
   "You may not agree with me, but I like the way you made that . . ."

   Speak from the first person, using an "I" message. This allows you to express your feelings without making the child feel his are wrong.

7. "Keep trying. Don't give up."
"I'll sit by you while you do it."
"I'm sure you can straighten this out (solve this problem, etc.)."
"If you need any help come and find me."

Try to express confidence that children can settle their own conflicts and solve their own problems.

8. "I can understand that you may feel that way, but I am sure you'll be able to handle it."

Recognize the feeling as valid. Empathize (understand the situation) and believe that the child has the ability to adjust. To sympathize or feel sorry for the child may imply that life has been unfair and that the child is unable to cope with it.

9. "The room is really clean."
"All the toys are on the shelf!"
"The trucks stay in the basement."
"Chairs are for sitting."
"Running may be done outside."

Focus on the object, the activity, or the rule, keeping the statement positive. The child who is discouraged may use negative statements to try to prove a self-fulfilling prophecy, "See, I do things wrong," or "I am no good."

10. "You seem to me to be really pleased with . . ."
"You look happy."
"Is it possible you are _____ (mad, sad, happy, etc.) about that?"
"I would really be _____ if that happened to me."
"You seemed to enjoy playtime today."

Reflect to the child your perception of how you see him or her. Phrase it from the first person in a tentative or cpen way so that the child is free to disagree and/or give further comment. Asking children "why" they feel a certain way often causes them to feel threatened or defensive, in which case, they may not respond. Very often young children, even though they may use the word "why" do not understand its meaning when used in a question such as, "Why did you do that?", or "Why are you crying?"

11. "The rule is . . ."
" . . . is not allowed"
"That is dangerous and not allowed."
"Here is a sponge to wipe up the paint (water, milk, etc.)"

Set limits. State them in a firm, friendly manner, with little or no explanation or apology. Children benefit from learning to accept limits. Expect that they will be followed. Limits will be tested. Be prepared to state limits several times over a period of days.

12. Use HUMOR.

During this week watch for an appropriate instance and then say or do something for each of the children you care for to help them feel more positive about themselves. Record what you said or did for each child and the child's reaction. Some of the kinds of things you might say or do are included in the readings Suggestions for Building Self-Esteem and Ways of Encouraging Children.

Child's Name	What Child Was Doing	What You Said/Did	Child's Reaction

SELECTED BIBLIOGRAPHY

Self Esteem in Young Children

The following is a limited bibliography to help supplement the contents of the unit. We realize there are many materials available in certain areas and tried to choose the best, most recent, most helpful publications. By no means should the list limit you in your search for supplementary materials.

Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection.

BOOKS FOR THE TRAINER

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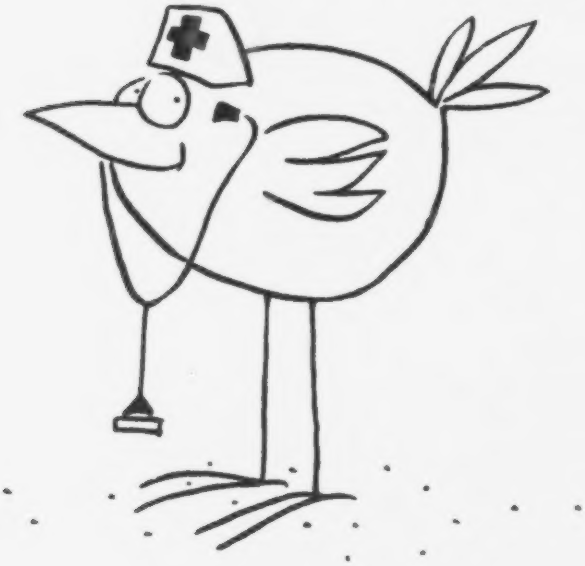

Health and Safety

INTRODUCTION

1. INDIVIDUAL CHILD INFORMATION
2. ACCIDENT PREVENTION AND CHILD SAFETY

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INTRODUCTION TO THE TRAINER

Keeping children safe and healthy is a responsibility that weighs heavily on most caregivers of young children. Many feel a real need for reliable help in this area and as a trainer you can provide a much needed service by making accurate and practical health and safety information available to caregivers. To do the best job of providing this information, it is a good idea for you to have taken training in first aid such as an American Red Cross Standard First Aid course or a related class in health and safety. It is also important that you be familiar with the materials in this unit so that it can be utilized to the fullest for the caregiver and the child's benefit.

Caregivers should be helped to understand that the assignments are meant to be of immediate benefit to her and the children, not a mere exercise for the sake of completing an assignment. You may wish to divide this unit into two or more training sessions, as this will enable the caregiver to do and give feedback on assignments such as putting together a first aid kit or conducting a fire drill with the children. The unit will thus be enriched through discussion of actual practical application.

This unit covers the general areas of record keeping (individual child information), accident prevention, first aid and emergency procedures, care of sick children, and other related health factors.

1. Individual Child Information. This section has been included to help caregivers find an orderly way of keeping important data readily available should an emergency arise. Included is a suggested list of information caregivers should obtain from the parent at the time of child placement. This list is "suggested" and you should help the caregiver adapt it to fit her circumstances and needs. You may ask her to have records for each child up-to-date (if she has not already done so) by your next training visit. If the caregiver seems hesitant about approaching the parents, you can assure her the parents will no doubt be happy to cooperate when she explains she needs this information in order to provide the safest and best possible care for their children.

2. Accident Prevention and Child Safety. This section is designed to help caregivers understand the relationship between children's stages of development and establishing safety precautions. It also emphasizes the need for caregivers to be on the look-out for those factors which tend to surround most accidents. It might be useful for you to suggest that the caregiver go on a "hazard hunt" using the Where To Watch part of this section. Suggest that she include children two years and older in this assignment as it will be a valuable learning experience for them.

3. Being Prepared. Included in this section is a list of contents for a home first aid kit and steps to be taken in case of an injury. The importance of having adequate first aid supplies (developing this kit may be assigned by the trainer) and knowing some basic steps to take if a child is injured cannot be understated since most caregivers are alone with the children. The third part of this section, Emergencies: Some Basics To Keep In Mind deals with the overall preparedness of the caregiver and the children for an emergency.

4. When a Child In Your Care Is Sick. This section includes a check list which will help the caregiver observe and note meaningful signs and symptoms of illness when a child is ill or seems to be coming down with something. A clear and concise observation of this sort is especially helpful to a nurse or doctor who will need to make a diagnosis partially dependent on what the parent and/or caregiver has observed. Also included in this section is a chart on "Rules for Governing the Control of Communicable Diseases", which the caregiver may find to be a useful guide when children in her care have been exposed to or become ill with a communicable disease.

5. Other Health Factors. This section includes information about dental health and emphasizes the caregiver's role in promoting good dental care in young children. There is also a part on special needs children which is designed to help the caregiver think through the necessary considerations to be made if she is willing to care for children with special needs. You should help the caregiver understand the importance of gaining any specialized knowledge which may be required to properly care for a child's individual health needs. The last part of this section, The Child's Total Health, is a series of questions which will help caregivers understand the total relationship between physical, emotional and psychological health and a child's well being. You should be prepared to discuss these points with the caregiver, stressing that it is as important to provide an environment that allows for the growth of the child in all areas of development as it is to provide one that is safe from danger.

HEALTH AND SAFETY

As a caregiver of young children, you probably already have a sense of the importance of being prepared for the occasional mishap or illness which seem to go along with the responsibility of caring for children. This unit will help you take a good look at what you can do to make your home a safer environment for the children in your care. It will also serve as a review of the most commonly needed first aid skills in the event of emergencies or other health problems, and provide some hints on how to make the children more safety conscious.

This unit is, however, by no means an all encompassing health care unit and should, therefore, be seen as a starting point for more in-depth training such as first aid courses offered by the Red Cross, practical home nursing classes, fire prevention workshops or other related courses that might be offered in your community.

Keeping children safe, without making them feel that the world is a dreadfully dangerous place, is an important and ongoing responsibility. As they develop, children can take more and more responsibility for their own safety. Your role is to help the children gain the knowledge and skills they need to keep themselves and others safe while you continue to protect them as they are learning. Keeping the balance between too much or too little fear and too much or too little protection is not always easy. You will feel on top of it if you first do everything possible to make your home safe for children and then work toward helping the children to care enough about themselves and to learn enough to protect themselves and others.

1. INDIVIDUAL CHILD INFORMATION

As a caregiver of young children, you are probably already aware of the profusion of facts you need to keep handy. These are outlined in the licensing/certification requirements and it makes sense to periodically refresh your memory with a quick run through.

Facts that seem easy to remember all too often go right out the window when an emergency arises - planning ahead makes sense. Make sure that the parents provide you with the information you need to insure the total well-being of the children in your care. Parents are usually happy to supply this information when you explain to them your reasons for needing it.

A. *The Admissions and Arrangements Form shall contain the following information:**

1. *Name and birthdate of the child.*
2. *Full name of parent or guardian.*

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*Taken from the Family Day Care and Group Family Day Care Standards, Minnesota Department of Public Welfare.

3. *Home address, work address and telephone numbers where parent or guardian can be reached.*
4. *Name, address and telephone number of physician caring for the child who should be consulted for medical emergencies when parent or guardian cannot be reached.*
5. *Name, address and telephone number of person to be notified in case of emergency, when parent or guardian cannot be reached.*
6. *Name of all persons authorized to remove child from Family Day Care Home.*
7. *Specific instructions from parent or guardian about toilet training, eating, sleeping or napping habits, allergies and other special health problems.*
8. *Enrollment and termination dates.*
9. *Financial arrangements.*

B. *For every infant and toddler, the Family Day Care Provider shall get a written statement from the parent or guardian about the specific habits of eating, sleeping, toileting, communication and comforting.*

C. *Written consent shall be obtained from the parent or guardian for emergency medical care or treatment, to be used ONLY if the parent or guardian cannot be reached immediately. Medical care consent may be waived when in conflict with the parents' religious beliefs.*

Additional information required includes: a health history of the child, including information on special diet, allergies, immunization record, source of regular health care and any other problems of the child.

Do you have the above information up-to-date and easily accessible for each child?

If not, gather all the required information on each child and place it together in an easily accessible location (in a notebook near the telephone or in a desk or kitchen drawer).

2. ACCIDENT PREVENTION AND CHILD SAFETY

AGES, STAGES AND ACCIDENTS

Children are especially accident prone at certain ages - this is normal. Each age has its own built-in peril potentials for you to watch for in order to protect the children in your care.

THE INFANT. Infants, completely helpless, are perhaps the least likely to get into danger, but at the same time are unable to get out of or protect themselves from a hazardous situation. Protection is the key word. Protection is needed from falling (is the crib side secure?), and from objects (is the mobile toy above the crib firmly fastened?). Protection too may be needed from "big" people. An older child may want to help care for a younger child, but will need your help and supervision.

And then babies do grow quickly! You have to be aware of their changing abilities, not just with pride, but with an eye to their peril possibilities. "Isn't it wonderful that the baby can turn over by himself?" Marvelous! But even before you ever observe him turn over, you have to remember never to leave him alone on a bed or couch or bath table, even if only for a minute. It is astonishing how fast even young infants can squirm and pivot to the edge and fall. A playpen or a blanket on the floor makes a safer playground. It is also wonderful when the baby begins to feed himself - but that hand to mouth coordination means anything can get in the mouth, including safety pins, coins and Legos, and present a potential choking hazard.

THE TODDLER. The toddler is in the "age of accidents" - the age where *you* learn just how many things around your house are breakable and dangerous unless you have anticipated it with a "hunt for hazards". Toddlers are continually into, onto, above and under everything. They move fast and perpetually and have little appreciation of danger. Like infants, they must be protected. But the beginning of safety can be taught. They can learn the meaning of "hot", "no-no", "sharp", "not to eat". Now is the time to also train children to report their accidents at once. What was only a broken glass could become a cut finger.

THE YOUNG CHILD. Young children's accidents frequently occur through their great curiosity and the many new skills they are developing - using a hammer, or learning to climb - and through their new need to prove themselves by climbing as high, being as tough, swimming as far. They still need some protection, but more and more your job is educating them in the right way to do things, the safe way to be "big".

COMMON ACCIDENTS - WHAT TO LOOK FOR

At times, with children around, it seems as if everything in sight means potential danger. With every child most accidents occur within a specific roll call of categories:

FALLS. All children fall and they certainly can not be protected from every bump and bruise. But here are some areas of the home that can be made much safer against falls.

Stairs, of course, are a place of accidents. Are they well lit? Does every stairway have an adequate handrail? Is there a gate at top and bottom? Do you make it a rule that nothing is left on the stairs? Do you insist that roller skates be stored safely, and never on stairs? Are there any loose rugs on or near the stairs? And the bathroom! Ideally, tub and shower should have nonslip mats and firm handholds. The strap on the infant's bathinette should always be used in order to keep the baby safe on top - never leave the infant alone, even for a second.

You can not keep children from all falls, but you can avoid tempting them into places where they almost have to fall. Look for and get rid of attractive hazards such as a household ladder left standing against the garage, open wells, or manholes.

SUFFOCATION. Most suffocation is due to small objects or pieces of food which lodge in the windpipe or further down in the bronchial tree. Small objects - coins, safety pins, buttons, beads, thumb tacks - should be properly stored out of children's reach. Some foods such as peanuts, potato chips and apple peelings should not be fed to toddlers or young preschoolers since these foods, like the above objects, present a choking hazard. Infants should never be fed by propping a bottle. This is because they often spit up and can inhale or choke on the milk or pituitary fluids. Small objects not only present a choking hazard, but if they become lodged in the lungs or stomach, they often can cause disease or infections as well as requiring surgery to remove. In addition, small objects are often retrieved from less vital but equally accessible parts of the body including the ears, nostrils and genital urinary passages.

Although normal infants or children will not smother in their bed clothes, thin plastic materials or cleaning bags should never be used as waterproof undersheets. Crib harnesses also should never be used.

Another cause of suffocation is due to children becoming locked in airtight objects. This includes freezers, refrigerators, clothes dryers and automobiles. Never leave children locked in the car even for a few minutes. On a warm day the temperature in a closed car (even with a window cracked) can rise as much as 10°-20° in five minutes.

To prevent suffocation, you will continually need to check and pick up small objects from the floor, tables and shelves. Check your toys, including parts of toys such as teddy bear eyes or doll dress buttons, for pieces which could be swallowed or choked on by young children. Infants and toddlers should never have access to toys less than 1 1/2 inches in diameter. Keep clingy plastic or dry cleaning bags out of children's reach. When clothes come from the cleaners, tie the bags in knots and throw them away. All discarded or unused refrigerators and freezers should have their doors removed. Warn children never to get in them.

POISONING. Every year over half a million children are accidentally poisoned. Infants and young children investigate everything with their mouths. And many unsuitable things look good to eat or drink to toddlers.

Know what is in the bottles and boxes in your house. What you think of as a cosmetic - such as nail polish - may be poison when swallowed by a child. Liquid shoe polish, ink, and glue are dangerous to drink and can even be fatal, to say nothing of bleach and lye. Potential poisons should be safely locked up. Never store them in the same place as food. Save the space beneath the sink for use for such storage when the children are older - and even then be aware of the hazard when you have young visitors. Keep weed-killers, paints, and insecticides in a locked cabinet - remember lighter fluid goes in too. Always store such things in their original containers. Never reuse a container which has held a poisonous substance.

It is easy to think children will not drink something like ammonia, gasoline or other toxic substances, however, their sense of taste is not yet developed in such a way that these substances taste bad to them. Even to some adults the smell of gasoline, or the fresh clean smell of bleach or ammonia, is somewhat pleasurable and not particularly repulsive.

Check the labels on toys and furniture on which children might chew. The paint should be non-toxic. Leadbase paint tastes like candy and is poisonous. Be sure you buy lead-free paint for any interior redecorating you plan to do. Do not give medicine in the dark; read the instructions each time. Never tell children their medicine or vitamin is "just like candy". They may want more and help themselves. All medicine and vitamins should be kept beyond the children's reach. This includes both adult and children's flavored aspirin which is a potential killer and by far the most common childhood poison. Dispose of old prescriptions or other potential poisons, but do it with care. Do not throw them in a wastebasket. Pour liquids down the drain, then rinse and dispose of the bottles. Flush pills down the toilet (unless you have a septic tank), or dispose of them with the garbage. Warn children that the seeds, berries, mushrooms and leaves that they find growing outside are not for eating. If you are a plant lover, check one of the many brochures available on plants that are poisonous. Two examples include Lillies of the Valley, which are extremely poisonous and Diefenbachia which when eaten causes swelling of the throat and eventual suffocation.

There are more than 500 Poison Control Centers in the country. They have been established to provide information and often emergency service to you and your physician. Be sure and have the phone number of the one nearest you.

DROWNING. Age three or four is not too early for children to begin swimming lessons. Before swimming lessons, you can help children by teaching them to respect, but not to fear, the water. Even after children have learned to swim, all water activity, even wading, should be supervised. Drain or cover unused pools and fill in backyard holes, old wells or cisterns. Know the places where older children go to swim and be sure they are safe and supervised.

There is water danger inside the house, too. Never leave a young child alone in the tub and put an outside lock release on the bathroom and kitchen doors. Lock releases are available at local hardware stores or lumber yards.

CUTS. Preventing cuts is again basically a job of protection but safety measures can be taught. Toddlers can learn the meaning of "sharp", or "do not touch" and pre-schoolers can be taught to properly use knives and scissors, beginning with dull ones. However, until they are older and thoroughly understand safety precautions, scissors and knives should only be used under supervision and placed out of reach when not in use.

Other sharp household items should be stored or disposed of safely and permanently. For example, broken glass or used razor blades should not simply be tossed in a wastebasket that the children may get into. Power tools or kitchen appliances should be disconnected and stored so they cannot accidently be turned on or pulled down by the cord.

Toys too may have sharp edges especially when they come apart or are broken by young hands. Buy well made, sturdy, unbreakable toys and discard shoddy ones before a child gets hurt by them. Keep an eye out for "new" edges on broken toys.

Safety may seem inconvenient with all the "keep out of reach", "lock up", and "procedures for disposal", but accidents are far worse than just inconvenient.

BURNS. "Hot", you warn toddlers near a lit oven or cigarette. They may touch it anyway - the first time - but they quickly learn with a little more urging to stay away from stoves, irons, matches, open fires, hot liquids, and electrical appliances. This kind of education and careful attention to keeping hazards out of reach can prevent many burns. There are over 1,000 home fires daily in the United States and most of them are started through the use of matches, cooking and electrical appliances, and heating devices. Adults must practice common sense prevention: keep matches and lighters away from children; keep children away from open fires by placing a metal screen securely in front of the fireplace; place guards in front of wall heaters and hot radiators; set out plenty of ashtrays so no one is tempted to use the wastebasket; keep a fire extinguisher in the kitchen; and never smoke in bed.

To protect your family and the children in your care from fire, check your house carefully. In the kitchen, keep the stove clean and free from grease, and store flammables away from the stove and electrical appliances. Use fuses the proper size for your wiring system, or if you have circuit breakers, work them now and then to be sure they are not stuck. Repair all appliances at once, or discard and replace them. Cover unused electrical outlets with safety plugs, and put heavy furniture in front of those outlets that you use. Make sure that wires do not run under rugs or over nails and hooks, and that circuts are not overloaded. Do not have electrical work done by an amateur - poor wiring is a leading cause of fires. Keep furnace and chimney clean and in good repair and be careful how and where you use space heaters. Keep your house free of litter - papers, paints and solvents, oily rags, and trash are invitations to fire.

Before buying party decorations, toys or even clothing, check labels - all materials should be flame resistant. Christmas trees should be sprayed with fire retardant and set in water, tree lights should be out when no one is in the room and decorations should be flame resistant.

FIREARMS. There should be no exceptions to rules that apply to firearms. Know your local laws about possession and use of firearms. Keep all guns in the house cleaned, unloaded, and under lock and key. Keep ammunition locked up, but in a different place from guns.

GETTING LOST. Getting lost is an accident too. If children are old enough to be out alone, they are old enough to know their full name and where they live, and should be mature enough not to panic. When you first give children permission to go out of the yard alone, take a walk with them to establish boundaries and point out landmarks. If the other side of the street is within the boundaries, be sure the children know how to cross safely.

Then teach them what to do if they get lost. Most important, tell them not to just keep walking and looking for something familiar. Tell them to stop and look for a police officer to ask directions and what to do. If a police officer is not insight, tell them to go into a store or office and ask the person in charge to telephone your home or the police.

On shopping trips children occasionally manage to get out of sight no matter how hard you may try to hold onto them. An identification card slipped into a pocket or pinned to a dress can save hours of anguish. This is a particularly appropriate precaution when planning to attend large gatherings.

Teach children not to talk to or accept gifts or rides from strangers. Also, teach them never to pet strange animals. The dog next door may be a good friend, but a stray dog on the street can be dangerous.

Always know where the children in your care are playing and see that they are adequately supervised. You cannot watch them all the time, and for their sakes you should not. If you have taught them the rudiments of safety from an early age you can be reasonably free from worry.

WHEN AND WHERE DO ACCIDENTS HAPPEN - HUNTING FOR HAZARDS

As a caregiver, you have many important duties to the children in your care; an overwhelming number when you stop to think about them. However, none is more vital than assuring their safety. The list of special times and places which follows is not designed to bring on a cold sweat, but to serve as a guide for your own home evaluation. Pick a quiet time when distractions are at a minimum for you to apply these tests to your own home. Do not wait before you begin your child-proofing endeavor. Accidents happen everyday.

WHEN TO WATCH. Knowing when accidents occur can help you avoid them. It would be wonderful if the conditions under which most accidents occur could be avoided, but many of them cannot be, even in the most smoothly run household. Awareness of when to watch gives you an edge on prevention. Question the safety factor of the following situations.

ARE YOU OR ANOTHER FAMILY MEMBER ILL OR UNDER UNUSUAL STRESS?
The routine changes. Your regular safety practices and precautions are upset along with everything else. People are rushed and worried and have too little time for the children. Someone forgets to put the ironing board away. Medicine is left on a dressing table or the kitchen counter. An accident.

ARE THE CHILDREN TIRED OR HUNGRY?
Lunch is late. The children are grumpy and underfoot. In your rush to prepare something to eat, you forget to turn the pot handles toward the back of the stove. An accident.

ARE DANGERS TOO EASY, TOO PRETTY TO RESIST?
The children see you light matches from the shiny red box on the coffee table. An accident.

ARE YOU UP-TO-DATE WITH THE CHILDREN'S INCREASING ABILITIES?
Yesterday, the infant could not roll over, today he can. An accident.

GOING OUT OR ON A FIELD TRIP?
New places for children to explore, places that you have not had a chance to check for hazards. Field trip precautions and rules are forgotten in the excitement. An accident.

ARE YOU AT YOUR BUSIEST?
Everything to do at once. In-laws coming to dinner. Roast in the oven. The living room still a mess. The baby won't nap and the older children ......, where are they? An accident.

These incidents are just for this booklet, but the situations and possibilities for accidents are too real. So are the precautions you can take to insure against accidents.

Perhaps a little extra help when you are ill or under stress - be sure you give complete instructions to an unfamiliar sitter. Provide a cracker for a hungry child when dinner is late. Put matches or lighters away even if they do look just right on the table. Out-guessing a toddler is practically impossible, but try to take a child's eye look around your house. What looks like fun? Could it cause trouble?

And when you are busiest - well, let something else go, not safety.

WHERE TO WATCH. Every room in the house has its own build-in child accident traps. There are just so many top shelves and cabinets with locks. There is no way to fence off all your furniture and put everything breakable out of reach. Even if you could, chances are good that the children in your care, like most others, would find something to trip over or fall into. Nevertheless, you should try to remove as many hazards as possible. Take a walk through your home and check off each of the following hazards as they are eliminated. If you have difficulty eliminating some of these, check with your licensing worker, trainer, or another caregiver to find out ways you might adjust your home for child safety.

KITCHEN No flammables near the stove.	
Electrical appliances, lamps and fixtures in good repair and away from water.	
Knives, sharp tools and possible poisons out of reach.	
Utensil handles turned toward the back of the stove.	
Unbreakable plastic drinking glasses for children.	
High chair and playpen well away from work counters. Are they well-built, sturdy, unpainted, or painted with lead free paint?	
Towels and curtains away from stove; clothes and hair not too "flowing".	
Adequate ventilation when gas appliances or cleaning fluids are in use.	
Spilled liquids and grease wiped up at once.	
Nonslip floor wax.	
Back door and/or basement door securely fastened.	
Young children never left alone in the kitchen.	
No running and racing through allowed when you are working.	
Cords to frying pans, coffee pots, etc. out of reach of grasping hands.	
STAIRS AND HALLS Gates in place.	
Sturdy handrails.	
Stair carpeting securely tacked.	
No road blocks in halls.	
Well lit.	
No clutter sitting on steps.	
CHILDREN'S BEDROOMS Toys put away at night.	
All equipment sturdy and safe.	
Windows and screens secure, but can be easily opened in case of fire.	
Adequate fire escape provisions and training in use.	
Baby toys too big to swallow, free of splinters and small parts, all paints nontoxic.	
ADULTS' BEDROOMS The second leading site of poisoning accidents. Be especially careful about cosmetics and medicines.	

ATTIC AND BASEMENT Access stairs kept clear and safe for use, adequately lit.	
Paints, solvents, other chemicals safely stored in metal containers.	
Furnace and water heater securely guarded.	
No oily rags or litter.	
Dangerous tools disconnected, out of sight and reach.	
BATHROOM Medicines, cosmetics, razor blades, and cleaning supplies kept out of sight and reach, preferably under lock and key.	
Light switches safe from water splashes or wet fingers, electrical appliances disconnected when not in use.	
Off limits to young children alone.	
Rubber mat and handhold in bath.	
Outside lock release for door.	
Children never left alone in tub or on bathinette.	
LIVING ROOM OR FAMILY ROOM Matches and lighters out of reach.	
Fireplace well screened.	
Rugs fixed so they cannot slide.	
Sewing equipment put away.	
Unused electric outlets covered - used ones out of reach.	
Hot radiators and pipes protected with guards.	
Lamps and furniture without sharp edges or corners. Decorations sturdy enough not to be pulled over easily.	
Poisonous or other dangerous plants out of reach.	
Liquor cabinet locked.	
YARD Fenced for runabouts - or use playpen in yard.	
Protect infants who nap outside in a buggy with mosquito netting, check them frequently. Stop buggy naps when they have learned to pull up and rock the buggy violently.	
No large holes or other "booby traps".	
Pools fenced, gates locked when not in use.	
Drain small pools and use only under direct supervision.	
Driveway off limits for play or tricycle riding unless barrier is placed to street.	

YARD (Continued)

No low-hanging clothes lines, no loose ropes.

Yard policed for dangerous litter (scrap lumber, nails, glass, etc.), especially if your home is new.

Play equipment strong enough to hold adults, swings with safe seats (leather or canvas, not wood or metal).

Garden tools and mowing equipment put away, out of reach.

Garage door closed and locked. If car is left out, car doors locked.

All pesticides, fertilizers or other poisonous substances locked away.

USUAL RECREATION OR PARK AREAS

Play equipment sturdy.

Supervision provided.

If major streets must be crossed, is police officer or marshal available?

PURSES (Your's and Others')

Check the contents of your purse. Do you carry pills, a sharp instrument, makeup, pre-moistened towelettes (which can be lethal) or any other substance of potential danger?

Make arrangements to place all visitors' purses up and out of reach of small children, such as on closet shelf.

UNFAMILIAR PLACES

Stores, movies and field trip spots can provide opportunities for accidents just because they are unfamiliar and you have less control of the surroundings. You can not be sure the department store mannequin is secure on its base, but you can hold hands and enforce a "look, but don't touch" rule in public places. Always establish a set of safety rules and precautionary measures when going on field trips. Some of these may include: complete name tags pinned on each child with phone number and address, "what to do if lost" practice sessions, rules for holding hands, a first aid kit, several dimes, and emergency phone numbers in car and/or purse.

CARS

In the car, rules apply to everyone, every time. Make sure your's and the children's seat belts are fastened and the doors are locked. Check the back door safety locks (get some if you do not have any), and open a window or vent, even in winter, unless your car is air-conditioned. Never leave children unattended in the car. Everyone must sit and remain seated while the car is moving. Everyone must keep head, hands, and possessions inside the car. No one may distract the driver by fighting, fussing or yelling. No lollipops or popsicles. No sharp edged or heavy toys. No obstructions to the driver's vision, such as balloons or hung-up clothing. Infant seats or car seats for very young children. No "maybes" or "just-this-time" about these rules - no exceptions. And a broken rule stops the car - at the first safe opportunity.

TRICYCLES AND BIKES

Tricycles and bikes are fun and provide good exercise but are dangerous unless children have been taught to use them safely. Stay with a child until he is sure of himself and you are sure of him as a rider. Let the child know where he may and may not ride. Impress upon him repeatedly the dangers of driveways. Make it clear that there are to be no hazardous stunts - you are more impressed by common sense than by "Look, Ma, no hands". Your training now will be used to good advantage, later - with skates and skateboards, skis and sleds, and eventually cars. It is an important area to get started in right.

3. BEING PREPARED

SUGGESTED FIRST AID KIT

By having the right materials on hand, you will be able to deal with those emergencies that happen in spite of all your preventive measures.

When preparing your Home First Aid Kit, keep these points in mind.

> *The Family Day Care Provider shall be prepared to cope with Health Emergencies. Satisfactory compliance: ...., 2. The Family Day Care Provider shall have first aid supplies readily available to treat minor injuries. 3. The Family Day Care Provider shall obtain written permission from the child's parents prior to the administration of any medication - prescription or nonprescription.**

Items in the suggested First Aid Kit fall under the nonprescription category, so it would be wise to show parents what you would consider using and get their written permission for those items which you might either apply, such as hydrogen peroxide to cleanse a wound, or which you might administer to the child such as Syrup of Ipecac to induce vomiting. The starred items on the following list may be dangerous to a child when misused and should be locked away with other medications. The nonstarred items should be placed all together in one convenient location. All the children in the group should know what this is and where it is located. They will then be able to assist in an emergency by bringing the needed supplies, freeing you to tend to the injured child.

When assembling your own kit check off each item as you place it in the kit (a plastic ice cream bucket that is clearly identified is a great container). If you have a commercial kit, check it against this list to make sure that the contents are complete. Remember to replace any items that you use in an emergency so the kit is always complete. Keep this list in or near your first aid kit.

_____ Adhesive strip bandages, all sizes.

_____ Adhesive tape, 1/2 to 1 inch wide.

_____ Butterfly bandages (for use as temporary stitches).

_____ Cotton tipped swabs.

_____ Triangular bandages (at least two to be used as slings) and safety pins.

_____ Sterile eye pads.

_____ Sterile gauze bandages, assorted sizes, 1/2 to 2 inches wide.

_____ Box of sterile cotton.

_____ Several sanitary napkins (to be used as dressings for severe bleeding).

*Taken from the Minnesota Department of Public Welfare, Family Day Care Standards, Section 5, Rule D.

_____ Sterile gauze pads, 2 x 4 inches.

_____ Tourniquet: short strong stick or pencil, and a clean cloth 2 inches wide. (Know when and how to use it! See First Aid: The First Steps, Control Heavy Bleeding.

*_____ Ammonia Inhalant (for fainting).

*_____ Hydrogen Peroxide (for cleansing wounds - it is unstable, therefore, needs to be checked periodically - good only when it fizzes).

*_____ Calamine lotion or ointment (to ease itching).

*_____ Rubbing alcohol.

*_____ Oil of clove (for minor tooth ache).

*_____ Syrup of Ipecac (to induce vomiting).

*_____ Salt or salt tablets (for heat exhaustion).

_____ 1 box tongue depressors (for finger splints or to check throats - NOT FOR USE DURING A SEIZURE TO HOLD MOUTH OPEN.

_____ Drinking cups, (two plastic or paper - to protect injured eye).

_____ Sharp scissors with rounded ends.

_____ Sharp needles (to remove splinters; sterilized).

_____ Magnifying glass.

_____ Tweezers.

_____ Measuring cups and spoons.

_____ Two thin board splints or different sized magazines.

_____ Ice bag, commercial or several assorted sized frozen sponges kept in freezer for bumps and bruises.

*_____ Thermometer.

_____ Paper and pencil.

_____ Emergency Numbers.

Note: To make your own dressings and bandages, simply prepare them from old sheets, pillow cases, table cloths, T-Shirts, etc. Cut to size, launder and sterilize by wrapping individually in aluminum foil, place in a moderate oven (350 degrees F.) for 3 hours. Or, you may boil them for 15 minutes, dry without contamination, wrap and seal.

It is important that your First Aid Kit reflects your needs. These will depend on your life style and other circumstances. For instance:

- Do you and the children go a lot of places together? Then a traveling kit is in order. Be sure to add some dimes and have a list of important phone numbers along with other necessities. An old purse works well for carrying.
- Do you live where the paramedics are but seconds away or are you 40 miles from the nearest help?

- Do you live in snake country? If so, then a Snake Bite Kit is in order.
- Do some of the children in your care react severely to insect bites? If so, the child's doctor should be consulted about an Insect Sting Kit.
- Do the children in your care have other special needs?

FIRST AID: THE FIRST STEPS

In an emergency situation, when a victim has a number of injuries, (bleeding, loss of breath, or shock) the following are in order of priority for emergency care. Keep these steps in a readily available location so you can refer to it during an emergency.

1. CONTROL HEAVY BLEEDING.

   Heavy bleeding comes from wounds through one or more large blood vessels. Such loss of blood can kill the victim in 3 to 5 minutes.

   DON'T WASTE TIME. . . USE PRESSURE DIRECTLY OVER THE WOUND!

   a. Place pad, clean handkerchief, clean cloth, etc., over the wound and press firmly with your hand or both hands. If you do not have a pad or bandage, close the wound with your hand or fingers.

   b. Apply pressure directly over the wound.

   c. Hold the pad firmly in place with strong bandage, neckties, cloth strips, etc.

   d. Raise the bleeding part higher than the rest of the body unless the bones are broken.

   e. Keep the victim lying down.

   f. Call a physician.

   IF DIRECT PRESSURE OVER THE WOUND AND ELEVATION DOES NOT CONTROL THE BLEEDING, YOU WILL NEED TO SQUEEZE SHUT THE LARGE BLOOD VESSEL OF THE WOUNDED LIMB BY APPLYING PRESSURE TO THE PRESSURE POINT WHILE CONTINUING TO APPLY DIRECT PRESSURE TO THE WOUND. Do this only until bleeding stops - prepare to reapply pressure if bleeding recurs.

   ARM PRESSURE POINT:

   Place your fingers on the inner side of the upper arm and your thumb on the outer part of the arm. Keep your fingers flat and press in toward the bone. Pressure should be applied in the groove between the muscles. This presses the large blood vessel against the bone and slows bleeding.

   LEG PRESSURE POINT:

   Place the heel of your hand on the inner thigh where the leg joins the body (at the crease of the groin). Press against the bone.

   One way to find the correct leg pressure point is to locate the top of the hip bone just below the waist. Then follow the hip bone down to where it disappears. With the heel of the hand press in hard.

USE OF A TOURNIQUET.

DO NOT USE TOURNIQUET EXCEPT IN A CRITICAL EMERGENCY WHERE ALL OTHER METHODS FAIL AND IT IS A MATTER OF LIFE OVER LIMB.

First try direct pressure to the wound and elevation. Then try pressure to appropriate pressure points. If that fails........

a. Place the tourniquet band (must be at least 2 inches wide) over the supplying artery, slightly above the wound. If close to a joint, place the band above the joint.

b. Firmly wrap the band twice around the limb and tie a half knot.

c. Place a short strong stick on the knot and complete the knot on top of the stick.

d. Twist the stick until the bleeding stops. Secure the stick in place.

e. Do not loosen except on a doctor's advice. Write down the exact time the tourniquet was applied on the child's forehead with lipstick or on a note, visibly pinned to victim's clothing. Treat for SHOCK and get to the hospital immediately.

2. MAINTAIN BREATHING

There is need for help in breathing when breathing movements stop or lips, tongue, and fingernails become blue. When in doubt begin artificial respiration. No harm can result from its use and delay may cost the victim his/her life. Artificial respiration should be continued until emergency help arrives or until the victim obviously begins breathing on his/her own.

ARTIFICIAL RESPIRATION

a. Start immediately. Seconds count.

b. Check mouth and throat and remove obstructions, such as vomit, food, or water.

FOR INFANTS AND SMALL CHILDREN

a. Place child on his back.

b. If there is no neck or back injury, open air passage by gently tipping the head back.

c. If there is a neck or back injury, open air passage by gently pulling the jaw open without moving the head. (These procedures might start the victim breathing on his own - if breathing does not resume ...)

d. Place your open mouth over child's nose and mouth, forming an airtight seal. Give four quick, gentle breaths.

e. Continue by blowing gentle puffs of air into the child's mouth every three seconds, or 20 breaths per minute. Remove your mouth between breaths, look to see it the chest fills and listen for air leaving lungs. If the entry or return of air seems to be blocked or the chest does not move, see CHOKING, then resume artificial respiration beginning with step a. Continue until child breathes on his own. Treat for shock.

FOR OLDER CHILDREN AND ADULTS

a. Place victim on his back.

b. If there is no neck or back injury, open air passage by gently tipping the head back.

c. If there is a neck or back injury, open the air passage by gently pulling the jaw open without moving the head.

d. If breathing has not resumed, open victims mouth and pinch the nostrils shut. Place your open mouth over victims mouth to form an airtight seal. Give four quick, gentle breaths.

e. Continue by breathing into the victim every 5 seconds or 12 times per minute. Remove your mouth between breaths and listen and watch for air leaving the lungs. If the chest does not move and air does not seem to be entering or leaving lungs, see CHOKING - then resume artificial respiration beginning with step a. Continue until victim resumes breathing on his/her own. Treat for shock.

CHOKING

a. First, allow victim to free obstruction on his/her own if he is able to breathe, cough, or speak. If he cannot, then do as follows:

b. If victim is sitting or standing, support his chest with one hand as he leans forward and with the heel of the other hand apply 4 forceful blows in rapid succession between the victims shoulder blades.

c. If the victim slumps, assist him to the floor, roll the victim toward you placing his chest against your knees for support, then apply 4 rapid blows between the victim's should blades.

d. Place a choking infant or young child face down over your forearm (being sure to support the head with your supporting hand), apply 4 forceful blows in succession with the heel of your other hand.

e. If the obstruction is not cleared, place your arms around the child. With one hand make a fist and place it thumb side against the victim's stomach between the navel and the rib cage. Place your other hand over your fist and make four rapid upward thrusts as you hug the victim toward you. (Never practice this procedure on a non-choking person). Watch breathing, and apply artificial respiration if necessary.

3. PREVENT SHOCK

Shock usually accompanies severe injury or emotional upset. It may also follow infection, pain, bleeding, stroke, heart attack, heat exhaustion, food or chemical poisoning, extensive burns, etc. Shock can cause death if left untreated.

SIGNS OF SHOCK

a. Cold and clammy skin with beads of perspiration on the forehead and palms of hands.

b. Pale face.

c. Complaint by the victim of a chilled feeling, or even shaking chills.

d. Frequent nausea or vomiting.

e. Shallow breathing.

TREATMENT FOR SHOCK

a. Correct cause of shock if possible (e.g., control bleeding).

b. Keep victim lying down.

c. Keep his/her airway open. If he/she vomits, turn his/her head to the side.

d. Elevate victim's legs if there are no broken bones. Keep the head lower than the trunk of the body if possible.

e. Keep victim warm (but not hot) if weather is cold or damp. Try to maintain normal body temperature.

f. Give fluid if the victim is able to swallow, but only if medical help is delayed by one hour or more. The following formula can be used if available:

   1 quart water, 1 teaspoon salt, 1/2 teaspoon baking soda (sodium bicarbonate) administered at a rate of 4 ounces every 15 minutes.

g. Reassure the victim.

h. Never give alcoholic beverages.

i. Do not give fluids to unconscious or semi-conscious persons.

j. Do not give fluids if abdominal injury is suspected.

4. TREATMENT FOR SUSPECTED POISONING

Give water (1/2 glass for child, full glass for adult). This slows the absorption of the poison and gives you more time to work.

Call Doctor or Poison Control Center.

Decide whether or not to induce vomiting.

DO NOT induce vomiting for:	Anything that burns throat or face such as lye, ammonia, drain openers, etc.
or:	if there is a strong gasoline like smell as with wax, floor polish, paint thinner, motor oil, kerosene, etc.
or:	if the person is unconscious or having convulsions.
DO induce vomiting for:	Pest poisons.
or:	too much medicine or the wrong medicine. (You can use Syrup of Ipecac, a spoon or your finger). Save a sample of the vomit or the medicine container including the label.

Treat for Shock. (See #3)

5. FIRST AID FOR BURNS

Cold water (not ice or ice water) can be applied to most burns. This can help prevent further damage and lessen pain if it is done right away.

Consult a physician immediately for anything other than minor burns.

DO NOT try to clean the burn.

DO NOT put grease, butter, petroleum jelly or ointments on burn.

DO NOT pull clothing over the burned area.

DO NOT try to remove pieces of cloth that stick to or are near a burned area.

DO NOT touch the burn with anything except a sterile or clean dressing.

DO NOT break blisters.

If the burn covers a large area of the body and the victim must be moved, keep the victim quiet, comfortable and warm. If sterile dressings are not available, cover the burned area with a clean dry sheet or other freshly laundered and ironed linen.

EMERGENCIES: SOME BASICS TO KEEP IN MIND

The old cliche "an ounce of prevention is worth a pound of cure" is the most appropriate when it comes to good health and safety. Knowing who to contact in an emergency, where to look for potential danger, how to prevent emergencies from happening and what to do in case an emergency does arise, are four of the most important factors in a safe and secure environment for children.

As the children in your care grow older, your job as their caregiver will change from protecting them to teaching them basic safety and how to handle emergencies themselves. Not only do you need to be prepared, but so do the children.

Some of the suggestions listed below have been previously discussed and do not need to be expanded on. They include:

Children learning to report accidents immediately.

Children learning safety related to bicycles, tricycles, crossing streets, eating found candy, leaves, berries or other substances unsupervised.

Children learning boundaries (bathroom, kitchen, garage, cabinets, outdoor play areas, etc.)

Learning what to do if lost - staying put, not talking to strangers on the street, going inside to ask for help.

Knowing their name, address and phone number, and knowing your name, address and phone number. If children are not old enough to remember this in an emergency situation, have you placed a card with this information in their pocket or pinned to their shirt?

Learning not to talk to or accept candy or rides from strangers.

If you are not sure whether you or the children in your care are adequately prepared for an emergency, plan to complete the following activities:

- Take a walk through the neighborhood with the children; discuss and reinforce the boundaries.
- Observe the children at play on bikes and trikes. Are they handling them properly.
- Have them practice telling you their name, your name, phone numbers and addresses.
- Play a "What do I do if I'm lost" game.

Plan to repeat these activities periodically so children have proper procedures readily in mind. Always discuss and explain rules, boundaries and procedures to new children in your care.

Fires and accidents DO happen, even in homes that are very safety conscious. You and the children in your care will be safer with the knowledge that in the case of an emergency, you ALL CAN do something. It is especially important if you are hurt or unable to help yourself, that the children in your care know what to do. They should be aware of emergency procedures and participate in planning as much as possible. In an emergency, even young children can be of help if properly prepared.

1. Children should learn where the First Aid Kit is kept and be able to bring it to you in the event that you must tend an injured child.

2. Older children should be taught who and how to phone for help if an emergency arises. A clearly printed list of emergency phone numbers should be kept by the phone at all times.

The following suggested approach from Northwestern Bell Telephone might be used or adapted for your home.

> *In an emergency other than fire, an understanding neighbor or relative who has been alerted will often be able to figure out that a distressed child on the other end of the phone is from YOUR home more easily than the operator, police or fire department. Post TWO numbers for emergency use by children - have them practice! Teach them YOUR address as well as their home address.*

3. Children should know which neighbors to go to for help. (Prearrange this with your neighbors).

FIRE EMERGENCY

If you suspect a fire:

1. Stay CALM
2. SOUND ALARM
3. GET OUT OF BUILDING
    a. Feel closed door for heat - if HOT, leave closed.
    b. If door is cool, lean against door and open slightly to check.
    c. Stay LOW. Crawl, if needed (for fresher air).
4. WHEN OUT OF BUILDING
    a. MEET at PRE-ARRANGED meeting place.
    b. Call Fire Department from a neighbor's house.
    c. STAY out. DO NOT re-enter building.

One of the best things you can do to prepare for a fire emergency is to plan effective escape routes from various parts of your home. Sit down with a rough floor plan and block out some possible routes. Once you have jotted down some ideas check them out by walking through them. Ask yourself, "In an emergency, could a youngster follow through? Are these the easiest routes?" Ask the children to walk through the escape routes to make sure the young children can overcome any obstacles - doors to open, windows to climb out of, etc. Practice fire drills. (If you have specific questions, many local fire departments are very willing to provide assistance in planning escape routes. You may also want to call your fire department's general information number and ask for help in planning an emergency drill in the home.

Another step in planning for a fire emergency is preparing for the possibility (hopefully remote) of clothing catching fire. Teaching respect for fire is an important beginning. Unfortunate incidents of children burned while playing with matches, bonfires, etc. could be avoided by setting some basic ground rules and being consistent in guiding behavior. For example, saying "No, it's hot!" when it really is hot or could be hot. If clothes do catch on fire the best technique to teach to children is a combination of "Dropping and Rolling" and getting out of burning clothes as fast as possible. The "Drop and Roll" Technique consists of the following steps:

1. Do not run.
2. Remain calm yourself.
3. TEACH the children that it is important to remain calm. They should be aware that helping each other remain calm is very important!
4. Drop to ground.
5. Arms crossed in front.
6. Roll slowly.
7. Notice that these instructions do NOT mention getting a blanket to roll in - that might waste precious time.

Some of the latest information indicates that the best possible way to limit the extent of burn injury is to GET OUT OF THE CLOTHING AS FAST AS POSSIBLE while extinguishing the fire with the "Drop and Roll" technique. Clothing designed specifically for a fast and safe "exit" is being marketed. The use of snaps or velcro in place of buttons and zippers on children and adults' clothing increases the chance of escaping serious burn injury.

EMERGENCY PROCEDURES ASSIGNMENT

1. Record the following emergency phone numbers and post them near the phone. Remember to print clearly since young children may have to use them!
   - a. Poison Control Center
   - b. Fire emergency
   - c. Fire rescue squad
   - d. Police
   - e. Family emergency (name of nearest relative or friend)
   - f. Illness (family physician and/or hospital)
   - g. Ambulance
2. What arrangements have you made for:
   - a. Emergency transportation. Cab number? Available neighbors?
   - b. Emergency care for other children in the home?
3. Read through the Emergency First Aid Steps at least twice and post in the kitchen and bathroom.
4. Check through your medicine chest and look for the following:
   - a. Is everything clearly labeled? If not, throw it out!
   - b. Are all medicines fresh? (Some drugs do change composition. How would you check?)
5. What would you do in case of poisoning? Give some examples.

6. What is your plan of escape from various parts of the house in case of fire or other emergency?
    a. Write it on a separate sheet and post.
    b. Discuss this with the children, outlining your procedures and placing it where children can see it.

7. Practice an emergency fire drill before the next visit.
    a. What are the steps to remember when you suspect fire?

    b. If the main exit is blocked, how will you get out?

8. What would you do if clothing catches fire? How will you help the children deal with this?

9. Evaluate the clothing worn by children (and yourself) in terms of flammability and "exitability" (quick removal).

4. WHEN A CHILD IN YOUR CARE IS SICK

In spite of the good everyday care you provide the children, they will occasionally get sick. Whatever the illness, each child will need your special attention and skill.

When dealing with the first signs of illness it is better to err on the side of caution than to ignore a symptom that could lead to something serious, expose others to the disease, or prolong the illness. Following is a list of things to keep in mind when dealing with a sick child.

GENERAL SIGNS AND SYMPTOMS OF ILLNESS

A. Before You Call The Doctor

1. OBSERVE THE CHILD.
2. Check his temperature.
3. Note signs and symptoms and write them down. Write out any other questions you have. This will help you be certain to cover all of your concerns when you speak to the doctor.
4. Be prepared to write down any instructions the doctor may give you and do not be afraid to ask him/her to repeat instructions or ask questions about them. Repeat all instructions back to the doctor to be sure you heard them correctly, especially medications and special diets.

B. Signs and Symptoms Check List

1. Common Cold
    a. Temperature...how high? When...how long?
    b. Any activity changed? Less energetic?
    c. Not hungry? Even for favorite foods?
    d. Vomiting? When...How much? What does it look like? Smell like? Is it bloody?
    e. Headache? Holds head?
    f. Red eyes? Puss in eyes? Watery eyes?
    g. Earache? Pain? Pulling on ears? Discharge from ears? How much and what does it look like? Bleeding?
    h. Coughing? Severe? When and how much? Vomits when coughs? How does it sound?
    i. Fast, difficult looking and sounding breathing?
    j. Does child look and act sick? Limp? Tired? Lethargic? Irritable and Cranky?
    k. Runny nose? Crusting around nose? What does discharge look like? How much?
    l. Sore red throat? How long?

   m. Rashes? What does it look like? Where is it? Where did it start? Is it "weepy"? Itchy?, etc.

2. Diarrhea
   a. Check for fever. How long? How much?
   b. Bowel movements. What do they look like? How many? How often? Any blood or puss like materials? Any unusual color changes? Soft or hard, liquid? Smell?
   c. Vomiting? How much?
   d. Runny nose?
   e. Eyes sunken?
   f. Cough?
   g. Is child passing his urine normally? What color it is? How often? How much? Bleeding?
   h. Does he look sick? Pale?

3. Vomiting
   a. How much? How often? When? For how long?
   b. What has the child eaten or drank? How much? When?
   c. What does it look like? Smell? Bleeding?
   d. Temperature?
   e. Sweating? How much? How long?
   f. Unusual smell on breath or body? When did you notice?
   g. Stomach ache? How long? When and Where?
   h. Diarrhea?
   i. Passing urine normally?
   j. Does he look sick?

4. Eye and Vision Problems
   a. Redness?
   b. Tearing?
   c. Pain?
   d. Irritation?
   e. Constantly rubbing eyes?
   f. Blinking more than normally?
   g. Repeated frowning or squinting?
   h. Holding objects extremely close or moving up to an object to look at it.

5. Ears and Hearing Problems
   a. Pain in ear? Pulling on ear? Discharge from ear? When? How much?

   b. Hearing loss? How long? Asks to have things repeated? Turns up TV?
   c. Buzzing or ringing in ear?
   d. Dizziness or unsteadiness? When? How long?
   e. Recurrent fever?

6. Allergies
   a. Foods. Any new foods? When did it start? How does it look?
   b. Skin contact or touch. Plants? Soaps? Clothes? Metals? etc. Rash?
   c. Respiratory or breathing reactions. Pollens? Dust, feathers, pets, molds, etc? Runny nose? Red teary eyes? Sneezing? Coughing, wheezing, difficult breathing?
   d. Medications. Rash? Breathing problems? Is there a history of allergies in the child's family.
   e. Insect bites. Extreme swelling or pain? Rash? Trouble breathing?

7. Falls
   a. Bump or bruise? Where? How big? Has it changed size or color? Painful?
   b. Bleeding? Where? How much? How fast? Bright or dark red? Consciousness? Can't awaken?
   c. Vomiting?
   d. Pain, headache?
   e. Arm, leg, finger, etc. Does it look unusual? Swollen? "Bent funny?" Can't move or use?

Any of these signs may signify a slight or serious illness. Only time will tell. If the child is a day care child CONTACT THE PARENTS. If the sick child is your own, you should notify the parents of the other children who were exposed and make alternate plans for the care of these children if necessary.

Meanwhile, if feverish, keep the child quiet and in bed. Keep the child away from others as many illnesses are the most contagious in the early stages. Check the child's temperature and other symptoms frequently. He may not eat as much as usually, but this is not cause for alarm. Offer liquids frequently - water, fruit juice, milk or broth.

If the child is vomiting or having diarrhea, stop all food, but offer small amounts of water occasionally. If the child vomits again, stop giving even water. In two hours, try a few sips of water, ginger ale, sweetened weak tea, popsicles, or cracked ice to be held in the mouth. If this stays down, give the child one of these every hour or less. A small thermos bottle by the bed will save you steps.

As soon as you can tell somewhat the nature of the illness, check with your doctor on what to do next. She/He will want to know if the child has a fever, as well as information on any other symptons. Do not give any kind of medicine until directed to do so by the doctor.

For some of the more common childhood illnesses look for the following symptoms:

MEASLES Starts with tired, uncomfortable feverish feeling; coughing, runny nose, eyes inflamed and sensitive to light, fever rises each day, rash of pink spots that may run together and itch - starts behind ears or hairline at end of third or beginning of fourth day, temperature becomes normal two days after rash has come out completely.

GERMAN MEASLES (RUBELLA) Soreness, bumps behind ears; usually low fever, occasionally high, lasts 3-4 days; rash of flat, pink spots, begins first to third day on face; spreads within a day over body, lasts 2-3 days longer; may be NO rash at all; red throat and soft palate; sore throat; swollen glands; discomfort, uneasiness; may be headache with high fever; occasional chills.

STREP THROAT Sore throat, nausea, vomiting, achiness, headache, fever of 100.5° - 105°F.

INFLUENZA Headache, drowsiness, chills, back and muscle aches, sore throat, loss of appetite, possible nausea, very weak and exhausted, fever rises quickly to 100°F - 104°F or more.

CHICKEN POX Fever of 101°F - 105°F; rash starts as few pink to red spots, sometimes numerous at end of few days; rash may reach hands, feet, face, scalp; each spot changes to tiny blister, first clear, them milky, which later sinks and crusts; blisters come in crops, fresh ones daily; itch greatly; discomfort and uneasiness.

MUMPS Swelling of glands below and in front of ear which increases in first 2 - 3 days, then decreases; swelling may be on one side, or both, or in succession; fever of 100°F - 104°F, usually 100°F - 102°F, on day before swelling appears; fever lasts 2 - 4 days after swelling appears.

IMPETIGO Thin-walled, isolated blisters or pustules which become crusted and rupture; occur principally around mouth and nostrils; filled with straw-colored liquid; no itching.

In case of a non-serious illness of a day care child, ask the parents to call their doctor or make special arrangements with parents for you to do this in case you are unable to contact them. (In many cases doctors will need a parent's signature or call before any treatment can be given. If special arrangements are made with the parents be sure the doctor is also aware of them and willing to treat the child under the circumstances!) If the doctor prescribes medication and you are willing and able to care for the child, get written permission from the parents to give the medicine to the child, including any additional instructions for care.

CARE OF THE SICK CHILD

When children become ill you will have to decide on a course of action. While you are not required to care for sick children, often it is impossible to avoid. A good plan will help make some of the work easier.

1. How sick is sick?

   a. How do(es) the child(ren) act normally? You may wish to keep a daily log of your observations for one week on a separate piece of paper. This could help to pinpoint problem areas in case of a health problem.

   b. What are some symptoms of:

   chicken pox:

   mumps:

   measles:

   strep throat:

   flu:

   impetigo:

2. Your Policy?

   a. Discuss your emergency procedures (as outlined in EMERGENCY PROCEDURES) with parents. What were their reactions?

b. Do you have sufficient medical history from parents - including immunizations to enable you to provide for the child's total well-being?

c. How do you decide whether you will care for a sick child?

d. How and where would you set up a place for a sick child?

CITY OF ST. PAUL-Department of Community Services-DIVISION OF PUBLIC HEALTH
RULES GOVERNING THE CONTROL OF COMMUNICABLE DISEASES

DISEASE	EARLY SYMPTOMS	PATIENT MAY RETURN TO SCHOOL OR WORK	HOUSEHOLD CONTACTS MAY RETURN TO SCHOOL OR WORK
DIPHTHERIA Incubation 2-5 days occasionally longer.	Sore throat, sometimes grey or white patches in throat, malaise, headache, chilliness, backache, fever, skin ulcers.	On release of quarantine. Two consecutive negative sets of separate nose and throat cultures, or lesion cultures, taken two days after completion of antibiotic, and at least 1 day apart. Permit from Department of Health.	Negative cultures after exposure ceases. Permit from physician.
WHOOPING COUGH (Pertussis) Incubation 7-14 days	Bronchitis, spasmodic cough and "whoop".	Not less than 3 weeks after appearance of cough.	May continue under observation.
POLIOMYELITIS Incubation 3-21 days	Vomiting, diarrhea, headache, fever, stiffness especially in back and/or neck.	Minimum 7 days after first symptoms appear. Permit from physician.	May continue under observation. Susceptible contacts should consult physician for gamma globulin and/or polio vaccine.
MEASLES (Rubeola) Incubation 7-14 days	Cough, head "cold", red eyes, fever, blotchy rash in about 3 days usually beginning on face.	Not less than 7 days after rash appears. MUST be free from symptoms of cold and/or cough.	May continue under observation. Exclude if develop cold, cough or mild fever. Susceptible contacts should consult physician for gamma globulin and subsequent measles vaccine.
GERMAN MEASLES (Rubella) Incubation 14-21 days	Rash, enlargement of lymph nodes in back of neck.	Not less than 5 days after appearance of rash.	May continue under observation. Pregnant women consult their physicians.
MUMPS Incubation 12-26 days	Swelling of parotid gland in front of and below ear, malaise and fever.	After 9 days or earlier if swelling has disappeared.	May continue under observation.

Note: The above 6 communicable dieases are preventable by immunizations which should be started at 2 months of age and be completed before 2 years of age.

DISEASE	EARLY SYMPTOMS	PATIENT MAY RETURN TO SCHOOL OR WORK	HOUSEHOLD CONTACTS MAY RETURN TO SCHOOL OR WORK
SMALLPOX Incubation 8-17 days Immediately notify Health Department.	Chills, headache, fever, nausea, backache. Eruption in about 4 days, at first consisting of hard pimples usually about face and wrists, palms of hands and soles of feet.	On release of quarantine. When all scabs are off. Minimum 3 weeks. Permit from Department of Health.	Contacts should report to the Department of Health immediately for appropriate treatment. Permit from Department of Health.
CHICKEN POX Incubation 14-21 days	Slight fever and malaise, vesicular eruption appearing in successive crops.	Not less than 6 days from onset of eruption; vesicles MUST be dry.	May continue under observation. Exclude if fever or skin lesions develop.
MENINGITIS Incubation 2-21 days	Nausea, headache, fever, restlessness, stiff neck.	Minimum 7 days after symptoms appear. Permit from physician.	May continue under close observation. Contacts should have throat and nose cultures.
ENCEPHALITIS Incubation 5-15 days	Fever, sore throat, headache, muscular pains, vomiting, restlessness.	Permit from physician.	May continue under observation.
SCARLET FEVER STREPTOCOCCAL SORE THROAT Incubation 2-5 days	Sore throat. Fine rash in 1 to 3 days with Scarlet Fever. Sometimes fever, vomiting and chills.	Negative throat culture or 48 hours after start of adequate antibiotic therapy (usually penicillin).	May continue under observation. Food handlers must have negative throat culture before returning to work.
HEPATITIS, (1) Viral Infectious (type A) Incubation 10 days - 2 months	Flu-like illness, malaise, fatigue, aching, fever, chills. Yellowing of skin and sclera of eyes. Dark urine. Light colored stools.	Permit from physician. Food handlers must remain off work at least 1 month after onset of symptoms.	May continue under observation with permission from physician. (Immune serum globulin is only effective for Infectious Hepatitis, type A).
(2) Serum (type B) Incubation 2-6 months	Same as type A. Joint pains and rash more frequent than with type A.	Same as type A.	May continue under observation.
TYPHOID FEVER Incubation usually 1-3 weeks	Fever, malaise, headache, chills.	Permit from physician. Food handlers must have 3 negative stool cultures.	May continue under observation. Food handlers must have 1 negative stool culture.

DISEASE	EARLY SYMPTOMS	PATIENT MAY RETURN TO SCHOOL OR WORK	HOUSEHOLD CONTACTS MAY RETURN TO SCHOOL OR WORK
SALMONELLOSIS Incubation 6-48 hours SHIGELLOSIS Incubation usually 1-4 days	Diarrhea, abdominal pain, nausea, vomiting, fever, sometimes chills, headache.	Food handlers must have 3 negative stool cultures. It is advisable that preschool children have at least 2 negative stool cultures before returning to Day Care Center or Nursery.	May continue under observation.
LICE BODY or HEAD	Itch. Sometimes appearance of nits.	After treatment. No living lice, clean hair and scalp, fewer nits. Note from parent stating treatment used.	May continue under observation.
RINGWORM OF THE SCALP Incubation 10 days - 4 weeks	Pimple which spreads outwordly leaving scaly patches of baldness.	Permit for physician.	May continue under observation.

5. OTHER HEALTH FACTORS

GOOD DENTAL HEALTH

Many people do not think of good dental care as a major part of total well-being. But tooth decay is America's most prevalent DISEASE - a disease caused by bacteria in the mouth that affects 98% of the U. S. population at one time or another. Left untreated, decay can spread, destroying each tooth in turn.

As a caregiver of young children your role in laying a good foundation for good dental care is a crucial one. The young children cared for in your home have relatively sound teeth. What you do with them now could mean the difference between a "false teeth future" or a good set of healthy teeth.

Primary teeth (also called deciduous or baby teeth) erupt and are shed at different times to make way for the permanent teeth. This shedding process begins at about age six and the permanent teeth erupt or grow through the gum until about age 21.

Both sets of teeth are crucial, however many people overlook the importance of the baby (or primary) teeth. Primary teeth perform various functions and are needed for chewing, proper speech (especially at the time when children are learning to talk!), appearance and to preserve space for the permanent teeth.

You can do much to encourage good dental health by:

- Encouraging children to brush teeth regularly to remove plaque (substance that provides a good "culture" for decay).
- Teaching children to use the "swish and swallow" routine when it is not possible to brush the teeth. (Rinsing the mouth with water vigorously after eating.)
- Regulating sweets (if sweets are eaten it should be done WITH meals).
- Playing pretend games of going to the dentist to reduce fears of dentists.
- Enforcing safe play routines - no horseplay around outdoor playground equipment, at water fountains; no pushing, shoving, tripping or other activities that could mean chipped, broken or knocked out teeth.
- Not allowing children to go to bed with, or to suck for a long period of time, a bottle of juice, milk or formula. This causes severe decay and deterioration of teeth. (This condition is called the "Nursing Bottle Syndrome" and is the greatest dental problem in young children today.)

Occasionally, even with care, a tooth will end up in a child's hand rather than in the child's mouth. Now what do you do? Believe it or not, a tooth knocked cleanly out of its socket can often be replaced! Place the tooth in a small jar or bottle filled with a heavy saline (salt water) solution (ordinary table salt in water until the salt will not dissolve any further) or wrapped in a cloth saturated with salt solution. Go to the dentist as soon as possible (several hours can elapse safely but the sooner the better).

SPECIAL NEEDS CHILDREN

Children with special needs (whether temporary, as with a broken limb, or permanent) will necessitate a more intense look at the safety precautions in your home. It is very important to keep the lines of communication OPEN between you and the parents. Remembering that ALL children have needs for love, understanding, responsibility, respect, feeling of self-worth and so on, it will be up to you to check on whether your special "considerations" for a special needs child are helping to promote these feelings of competency, responsibility and self-worth. As with all children the ultimate responsibility for their own health and safety will eventually be up to them and the foundations are laid now.

If you have a child in your care with special needs list any special safety precautions for your home which need to be considered; list special agreements with the parents regarding your care of the child (diet, medication); and any special training you may need for caring for a particular child. Your licensing worker or trainer should have information available regarding agencies which provide information and training relative to special needs children.

THE CHILD'S TOTAL HEALTH

Providing the kind of healthy environment emotionally, psychologically, as well as physically for the total well-being of the child covers a variety of topics.

Why do you think the following are important for a child's health?

A. Respect and affection for the child.

B. Outdoor play.

C. Active indoor play.

D. Stimulating environment.

E. Freedom of movement for infants as well as toddlers.

F. Independence to explore as much as the child can SAFELY handle. (Work WITH children who are beginning to walk up and down stairs.)

G. Rest.

H. Good habits of personal cleanliness.

I. Good nutrition.

J. What you do for yourself.

Are there any other aspects you think are important for a child's well-being? What are they?

SELECTED BIBLIOGRAPHY

Health and Safety

The following is a limited bibliography to help supplement the contents of the unit. We realize there are many materials available in certain areas and tried to choose the best, most recent, most helpful publications. By no means should the list limit you in your search for supplementary materials.

Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection.

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FILMS

First Aid for Little People. Alfred Higgins Productions, Inc. Film for children. Available from the publisher, 9100 Sunset Blvd., Los Angeles, CA (Price not available).

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Growing Up Safely. National Film Board of Canada. Available from New York University Film Library, 26 Washington Place, New York, NY 10003 (Rental approx. $30.00).

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A Handbook on Child Safety. Gerber Products Co.
Pamphlet. Available from Gerber Products Co., 445 State Street, Freemont, MI 49412 (Free).

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Parent and Caregiver: Developing a Positive Relationship

INTRODUCTION

1. DEVELOPING COMMUNICATION AND COOPERATION

The First Phone Call

2. WORKING TOGETHER: CHILD, PARENT AND CAREGIVER

For the Child's Sake: The Acceptance of Parents

The Parents Needs
  Margaret
  What a Parent Looks For In A Caregiver

The Caregiver In Business
  Family Day Care Is A Business Also
  Sample Letter To Parents
  Admissions And Arrangements Form
  Sample Contract

3. WHAT WOULD YOU DO IF . . .

Possible Ways To Manage The Situation

SELECTED BIBLIOGRAPHY

INTRODUCTION TO THE TRAINER

This unit is directed specifically to the needs of family day care providers, though much of its content could be adapted for use with foster parents and other caregivers of young children. The major purpose of this unit is to help the family day care provider establish and maintain a comfortable relationship with the parents she works with, through

- *The development of good communication skills.*
- *Gaining a better understanding of and an appreciation for the roles, problems, and perspectives of the parents of the children in her care.*
- *Finding ways of helping the parents better understand and appreciate the family day care provider's role.*
- *Using a more business-like approach in her interactions with the parents of the children in her care.*
- *The development of her self-concept and occupational image, particularly as it affects her confidence in relating to parents.*

The Parent and Caregiver Unit is an extremely important unit which affects every person working in day care. We have found that a caregiver may have excellent skills for working with children, but because she does not have the skills or confidence to work effectively with the parents, she may feel a great deal of occupational dissatisfaction. This may in turn begin to affect her relationship with the children. The unit is, therefore, fairly extensive and generally takes at least two training sessions to cover. We have found it succesful to leave Section I with the caregiver to work on during the week before the first training session on the unit. The questions in Section I are then used during the first training session for discussion. The readings in Section II can be left with the caregiver to read the following week. It is during this week that the telephone role play can be conducted if the caregiver and the trainer find it necessary. At the second session, Section II can be discussed and Section III, What Would You Do If ... can be worked on. Following is the description of each of the three sections of the unit.

Section 1 deals with developing good communication and cooperation between the parent and caregiver. It contains a set of questions which will help the caregiver assess her present system of working with the parents of children in her care. For example, she would list what she currently accomplishes during the initial phone and personal interviews, how she regularly communicates with parents and/or how she handles problems. Throughout and at the end of the unit this same form should be used to list what the caregiver feels she wants to accomplish in the future during the initial phone call and personal interview as well as new ideas for more effective ways to communicate with parents or to solve problems. This will help her reassess her present system of working with parents and help her refine and develop her skills in this area.

The second part of this section, The First Phone Call, consists of a caregiver sheet and a trainer sheet which are used for a summary of the telephone role play situation. This role play is designed to help a caregiver practice talking to prospective day care parents on the phone. You may suggest doing this assignment if the caregiver says she has a difficult time talking on the phone to people who are interested in her services in day care or complains that people never follow through after their initial phone call. You will need to explain that you will call up, pretending to be a prospective mother looking for day care and that you will try to list on your sheet the parts of your conversation that would encourage you to set up an initial interview, and the parts that might make you hesitate to do so. This can be a bit threatening to some caregivers and it might be helpful to explain that as the "potential parent" on the other end of the line you will be a bit nervous too, just like real parents often are. You can explain to the provider that she should fill in her summary sheet as soon as possible after the call, and that the conversation will be discussed on the next visit, using the observations made by both of you. You may also want to call the caregiver back immediately following the role play phone call for a brief discussion. That way the feedback is immediate and the conversation is fresh in both people's minds. Also if the caregiver thinks it went poorly she can get immediate reassurance and encouragement.

Section 2, Working Together: Child, Parent and Caregiver, is designed to help the caregiver see the day care situation from the child and parents' point of view as well as her own. Throughout this section, as in the entire unit, it should be clearly understood that a good parent-caregiver relationship is necessary for the well-being of the child. However, this should not diminish the importance of the caregiver learning to view her work as a private business, which, like any other, must have some rules and procedures by which to operate.

Section 3, What Would You Do If... consists of nine common problem situations which family day care providers may sometimes experience. Although a caregiver might never encounter any of these situations, having thought through them in advance will prepare her should they ever occur. This exercise will also help the caregiver see the logic and importance of conducting a thorough interview with the prospective parent and the value of using well-designed written agreements which will often prevent such situations from taking place. The final part of this section is called Possible Ways to Manage the Situation. This may be used by the trainer when discussing the caregiver's answers or thoughts about the situation.

We would also suggest that caregivers secure a copy of Coming to Terms: Basic Guide to Day Care Agreements for Parents and Providers* which gives in-depth information on establishing a solid, continuing parent-provider relationship. Caregivers should also be encouraged to use a contract such as Sharing in the Caring* or to develop their own.

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*Information on the family day care business materials, published by Toys 'n Things Press, at the end of the Handbook.

PARENT AND CAREGIVER: DEVELOPING A POSITIVE RELATIONSHIP

This unit is designed to help you better understand your own and the parents' needs, feelings and rights, and to think about effective ways of handling problems which come up between parents and caregivers.

The unit has three sections. The first section, Developing Communication and Cooperation, has questions about the kinds of things you currently do with the parents to help them to know what you do, what your responsibilities are and what you expect from them in order to provide good care for their children. It has a second part entitled The First Phone Call, which is designed for caregivers who feel they need a little practice talking on the phone with prospective parents. It is an opportunity to get some feedback on how you sound, i.e., Do you sound like someone with whom a parent would feel comfortable leaving his/her child? Do you feel you tend to tell the prospective parent too much or not enough?

The second section titled Working Together: Child, Parent and Caregiver illustrates the importance of a good working relationship between caregivers and parents from the child's, the parents' and the caregiver's viewpoint. Understanding the needs, expectations and rights of each is the first step in developing communication, trust and a comfortable relationship.

The third section, What Would You Do If ... provides examples of a number of common situations which have happened to caregivers. Although these situations may never happen to you, you will find it useful to have thought through them in advance should they ever become a reality. They also demonstrate more clearly how such situations might not happen at all if a good system [illegible] open communication has been established from the beginning through the use of a thorough placement interview and the use of a written agreement.

1. DEVELOPING COMMUNICATION AND COOPERATION

This first series of questions is designed to help you assess how you currently communicate with the parents of the children in your care. After discussing your answers with your trainer, licensing worker or other caregivers, or after additional reading, you may have new ideas for developing good communication and want to jot these down on this sheet. This will then serve as a handy reference for later planning.

1. Make a list of things you tell parents when they first call you about child care.

2. How do you find out what the parents expect from you?

3. What kinds of things do you tell parents that you expect from them when you interview them before you begin taking care of their child?

4. List the kinds of things that you take into consideration in deciding whether or not you will care for a particular child.

5. What written information do you give to parents?

6. Do you take children on a trial basis? If so, how long is the trial period?

7. Describe how you might tell a parent that you can no longer care for a child. If you like, pick an example from your experience.

8. Which of the following ways of communicating with parents do you use regularly?

____ Interview prospective parents and their children.
____ Telephone the parents in the evening or when the child is napping and cannot overhear, to discuss a problem or concern with the parent.
____ Visit the child and parent(s) in their home.
____ End of the day conversation with parent to exchange greetings and bits of information about the child's day.
____ Written notes to parents about the specific activities and experiences you provide for the children.

- ____ Special conferences alone with the parent at least twice a year to discuss the child's progress in depth.
- ____ Written information on forms provided by your licensing worker.
- ____ Written contracts or other information about both your and the parents' responsibilities (payment, pick-up time, etc.)
- ____ General conversation about non-child related activities you know the parent is interested in.
- ____ Sharing materials, new information or other things you have learned in training.
- ____ What other ways do you use to establish positive communication with parents?

9. What do you do if a child you are caring for seems to be behaving in a way you feel is undesirable or difficult for you to manage?

10. "Parents have the RIGHT to know what their child is doing and how their child is being taken care of." How do the parents of children you are caring for find out about the kinds of things their child does during the day?

11. What kinds of things do you do or say when a parent brings up a problem he/she is having at home?

12. When dealing with parents, what situations have you found to be the most difficult?

13. Why do you think it is important to maintain confidentiality about what a child or parent says or does?

14. How do you handle friends, neighbors, or parents who ask questions about other parents or the children you take care of?

15. Why do you think the mothers of the children you care for work?

16. How do you think they feel at the end of the day when they pick up their children?

17. Why did you choose to take care of children?

18. How do you think your answer to the above questions affects how you feel about mothers who work outside their home?

19. How might each of the following be a possible cause of difficulty between parents and caregivers?

    a. Parent or providers who criticize the child rearing practices of the other.

b. Competition between parents and providers.

c. Providers who feel they are experts in child development.

d. Parents and providers who do not share common expectations of the children.

THE FIRST PHONE CALL

If you find that you are not too sure about the impression you make or if you find that people call but never seem interested in following through with an interview, you may wish to arrange with your trainer or licensing worker to do this role play exercise. The role play basically consists of your trainer calling you and pretending to be a parent who is interested in finding day care for his/her child. It will give you practice handling this important first contact. You will both have a sheet called Summary of Telephone Inquire About Child Care which you will each fill in as soon as possible after the call. You will then use your combined observations as a basis for discussion at your next training session.

Caregiver

SUMMARY OF TELEPHONE INQUIRY ABOUT CHILD CARE

Caregiver ______________________________

Trainer or Licensing Worker ______________________________

Date of Telephone Call ______________________________

What kind of information did you give the prospective parent?

What other information would have been helpful for you to have given?

What information did you find out about the parents and child that might help you during your next conversation with them?

Did the parent sound interested in having you take care of his/her child?

What other thoughts did you have about this conversation?

Trainer

SUMMARY OF TELEPHONE INQUIRY ABOUT CHILD CARE

Name of Caregiver Called ______________________________

Trainer or Licensing Worker ______________________________

Date of Telephone Call ______________________________

What kind of information did the provider give you?

What other information would have been helpful for you to have?

Did the caregiver sound interested or enthusiastic about taking care of your child?

What other suggestions do you have for the provider?

2. WORKING TOGETHER: CHILD, PARENT AND CAREGIVER

FOR THE CHILD'S SAKE: THE ACCEPTANCE OF PARENTS

by Rita Warren

For all of us who work with young children, the number one occupational hazard is "child-saving". Children are little and vulnerable and usually appealing, and it is all too easy to slide into seeing ourselves as new and better parents to the children in our care. Even when lip service is given to the importance of acceptance of parents, there often remains a child-centered focus which may or may not in the long-run serve the child well.

Sometimes we act as though children spring into being each morning when they come to us and dematerialize at their departure. We need, instead, to see children "whole" as members of a family and a culture and to achieve acceptance of that family and that culture if we are to fulfill our responsibilities to the children in our care.

When we do concede the child a life away from us, we too easily slip into seeing the child's parents as uncaring and unknowledgeable or judge them by harsh standards which do not take into account the parents' own needs and vulnerabilities.

We can care deeply for a neglected child and carefully plan experiences with us which will foster her development. We do not "blame" her for being neglected. But then we often turn around and look at her neglecting mother with a cold and critical eye. Think for a moment about that neglected little girl on your lap. If she did not have your loving care, she might well grow up to be a neglected adult and probably a neglecting mother. How is it that we withdraw our loving understanding of that little girl grown up and see her as a "bad mother" instead of a person still struggling (or worse, having given up the struggle) to get her own legitimate needs met?

Even when we deal with perfectly ordinary run-of-the-mill parents, we tend to criticize in them what we would easily accept in ourselves. Has your own child never in his life stayed up too late, missed a bath, or gone to school with a broken shoelace? For ourselves, we find the "extenuating circumstances"; for other parents, we often fail to consider that there may be good and sufficient reasons for minor "neglect". Particularly in day care, where we deal with working parents, we often fail to see that the parents themselves are probably more troubled than we could ever possibly be by the inevitable compromises they have to make. Instead, we leap to conclusions based only on our negative assumptions and ascribe the broken shoelace to insufficient caring instead of to pressures of time and priorities.

Even when there is reason to believe that a child is being inadequately cared for, the common practice of "sneaking in" supposedly higher child care standards, with a pious pretense that we are "educating" parents, does a disservice to both child and parent. The less confident we are about the parents' capacities to nurture their child adequately, the more important it is for us to deal directly and honestly with the parents about our concerns. Parents may well learn from us, but only if we are genuinely interested in their development. We need to offer ourselves as peer models and not as disapproving critics—or as false peers sneaking in little lessons instead of according parents the ordinary respect of communicating directly with them.

You have all heard day care providers and teachers who say proudly that certain children seem to love them more than they love their own mothers and, complacently, that the children just never want to go home. This indicates a frightening lack of understanding of the needs of young children. Anna Freud says that,

> "Unlike adults, who are generally capable of maintaining positive emotional ties with a number of different individuals, unrelated or even hostile to each other, *children lack the capacity to do so.* They will freely love more than one adult *only if the individuals in question feel positively to one another.* Failing this, children become prey to *severe and crippling loyalty conflicts.** "

Even the most hard-nosed child-savers among us must look again at the issues and ponder upon a "love" for children which may leave them "prey to severe and crippling loyalty conflicts". Whether or not you wish to accept Anna Freud's statement unquestioningly, we have all had experiences of our own which confirm the difficulty children have with divided loyalties. This includes the manipulation of divided adults—which is as much an indication of distress as it is of the child's having learned to divide and conquer. Can you think of a divided-grownup manipulator you have known who was truly a happy child?

A stance toward children in which parents are rejected or their children quietly wooed away is not a true commitment to the needs of children. Difficult or painful as it may sometimes be, it is required of all of us who work with children that we unceasingly try to achieve true acceptance of parents—which will in the long run not only better serve the needs of children, but will also better serve our own self-respect and acceptance of ourselves.

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*Freud, Anna, Joseph Goldstein, and Albert Solnit. BEYOND THE BEST INTERESTS OF THE CHILD. Macmillan Free Press, 1973.
Italics are ours.

THE PARENTS' NEEDS

This article, written by a working mother, is about her feelings on leaving her child with another mother.

MARGARET*

When we moved into our new home, we didn't know anyone in the neighborhood. I needed to find someone to take care of my one-year-old, Jay, and I was terrified at the thought of leaving him with a stranger. He is very independent and I thought he might be just let run and might cross streets-- maybe even get hit by a car. I asked my next-door neighbor if she knew anyone who could care for Jay - and lucky day! She knew Margaret!

It's one of those things you sense right away. Margaret is more than a babysitter. She has a very warm personality, almost magnetic, and people of all ages love her. Being a mother of four children herself, she took to Jay immediately. She also had a talent of listening, and ever since that first day, I felt I could talk to her about anything I had bothering me.

Jay really fell in love with Margaret. Even though he wasn't the only child at her home, she always found time for him when he needed it. When I was at work, I was always grateful, knowing that Margaret was capable of handling emergencies without panic. She always kept a cool head.

Margaret has quite a technique for being completely calm while five children try to get her attention. I must admit I had a few misgivings at first about how casual Margaret was with my "baby", but I finally relaxed and took some lessons on how to enjoy my child. I felt confident that Margaret would take good care of Jay, but many days at my desk I felt resentful that I had to work. I thought about how much of Jay's growing up I was missing. But Margaret had a way of telling me about the little funny things Jay had done, and this made me feel like I was sharing his days. Still, it was hard to take when Jay got to like it so well at Margaret's house that he even wanted to go there on my days off.

I almost felt left out. When he got older, most evenings he was so tired he could care less if mom was home, or so peppy he wanted to go out and play with his friends. Now I've learned to focus on Jay for the hour and a half before his bedtime. I can give him all my attention, and this gives Jay and I a chance to share things.

I learned a lot about motherhood from Margaret. When she had to move, we lost a neighbor, a friend, and Jay's favorite "other mommy". Our friendship remains and hopefully always will.

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*Reprinted with permission from the Hennepin County (Minnesota) Family Day Care Newsletter, July-August, 1972.

What A Parent Looks For In A Caregiver

This list was made by a working parent whose child is cared for by a family day care provider.

I want ....

- -A caregiver who is doing day care because of love and enjoyment of children.
- -A caregiver who provides a variety of activities for the children in her care and does not continually put them aside while she does other work.
- -A caregiver who has a knowledge of child development.
- -A caregiver whose basic philosophy of child rearing aligns with mine, including her policies on child guidance and discipline.
- -A caregiver who is open and honest and who respects and listens to my opinions (particularly when there are problems).
- -A caregiver who has an appropriate number of children, not only according to licensing requirements, but also according to her knowledge of her own limits and what she can handle.
- -To observe the other children in her care (when first interviewing) to see if they are happy, alert and enjoying themselves.
- -To be sure the caregiver has a policy for sick children, for when she is sick, and for vacations, both hers and mine.
- -To be sure the caregiver keeps proper records for attendance, payments and emergencies.
- -To be sure the caregiver has a place for all infants and toddlers to nap.
- -A caregiver who prepares nutritious meals and snacks (who does not try to cut costs by serving the same meals continuously or save time by serving junk foods). Also, a caregiver who never props bottles for infants.
- -A caregiver who takes the children outside everyday when the weather permits, and who does not keep infants and toddlers continually in a crib or playpen.
- -A caregiver who provides a safe environment (poison out of reach, gate on stairs, etc.), and who has a basic knowledge of first aid in case of an emergency.

THE CAREGIVER IN BUSINESS

In this section there are a number of samples of form letters and contracts which have been used by family day care providers. You may want to use these to give you some ideas for developing your own policies and procedures.

The first article was written by a family day care provider and contains useful information on the business aspects of family day care.

Family Day Care Is A Business Also

by Charlotte Peterson

Place your ads in newspapers and bulletin boards and display your day care sign in your front window when you have openings. When placing ads think about it first and say the most in a short amount of space. List your public school or any other school in your area. This pinpoints the part of town you are in and helps parents of school age children notice your ad. Check also with your local school. Some PTA or school papers will send a list home with children from time to time.

Once your advertisement is placed be sure to place a list of your basic requirements near your phone. These may include payment in advance; whether or not you charge for days that you are available but the children do not come; your policies related to holidays; and how long a day your basic amount covers and what you charge per hour for children staying later.

Always answer your phone with a pleasant and interested voice. When parents ask rates, you will have no problems if your list is there.

NEVER TAKE A CHILD without setting up a personal interview at your home at a time convenient for both parties. If possible have both parents and child present. I do mine evenings, Saturdays or Sundays, so they can also meet my family. (A parent who does not want a personal interview is one you do not need).

INTERVIEW: I start by showing the parents my home, including the playroom, the area where the children rest or nap, and the outside play area and equipment. I keep my Tot Finder stickers on the windows and doors of the rooms children are in for naps and explain to parents how I train the children in case of a fire. I show the parents that I keep emergency phone numbers including their work and emergency numbers near the phone.

After showing parents your home, you may again explain your rates and requirements, your basic method of planning menus, taking a sick child or any other things such as vacations. Explain in a nice way that day care is a business and that you have a feeling for children BUT IF THE BASIC RULES ARE NOT MET AND KEPT, LIKE ANY OTHER BUSINESS, THERE WILL BE PROBLEMS for all concerned. Now ask what their expectations are and if they have any questions.

When their questions are answered and the basic interview seems covered, I usually say, "if you are still interested and plan to have me take your child or children, I have a contract that we need to fill out together and a set of issues about our feelings towards our role as a provider or parent which we should discuss." The forms should be filled out in your home so you can thoroughly review the forms with the parent(s). Do not rush an interview. Be sure major things and possible issues that may come up now or later are gone over. This is an important part of your business.

RECORDS: Keep good records of all things spent. Save receipts and cancelled checks. Give a parent a receipt every week even if they pay by check. In addition, I keep another book listing each family separately, dates paid, and amounts. Never let a parent become more than a day behind with payment. I usually remind them such and such a day is my day to go to the bank. You will also need these records for income tax purposes. A very good source of help is the Basic Guide to Record Keeping and Taxes, which covers the day care business and how to handle it simply and very thoroughly.

In this business you find you must be friendly and courteous at all times but firm. Learn too about people (though you will not always be right). Feel people out and keep your mind open at all times. Do not be too quick to judge.

A last thought, when mom or dad comes for the child at the day's end, remember they have had a hard day also, so do not hit them with minor troubles. This also goes for morning if mom or dad seem upset, remember their morning may not have been the happiest either.

Just keep smiling and your family day care business will be a happy and rewarding business.

Sample Letter To Parents
--by Elizabeth Joyce

Dear Parent,

I am doing day care for two reasons. The first is that I enjoy children and want to spend my time working with them. The second is that doing day care is a business for me and a way to contribute to my family's income.

I believe that in a day care situation the needs of the child are most important, and that there should be open times of communication between me, the provider, and the parents. I am sincerely concerned about providing the best possible care for your child while he/she is in my care; and I hope you, as parents, are interested in this also and will cooperate with me.

My house and myself have been licensed by the Ramsey County Welfare Department. I have had to have a Mantoux test and a doctor's okay. A city fire inspector has checked the premises. I have tried to make my house as child-safe as possible. All medicine, chemicals, cleaning supplies, etc. have been stored out of a child's reach. My backyard is totally fenced in and the finished basement is used as a playroom.

For infants and toddlers, I will provide a crib or playpen for them to nap in. I will follow their individual feeding and napping schedules according to your wishes. I will hold them while they are drinking a bottle, and I will try to provide a stimulating atmosphere to facilitate their intellectual, language, physical, social and emotional development.

Each child will be served a well balanced lunch and two snacks if here for the whole day. I do not believe in serving many sweets or unnecessary carbohydrates. Eating schedules for part-time children will vary. Each child will have a nap or rest period during the day according to your wishes. Each child will spend some part of the day outside, weather permitting. Activities and toys will be provided to stimulate their development.

No child will be spanked or ridiculed in my care. I will give individual attention to each child daily, and do my utmost to help each child develop to their fullest capacity. At the end of each day, I will report to you briefly about your child's activities.

In turn, I expect you, as parents, to help make my care of your child as pleasurable and rewarding to me as possible. I expect to be paid promptly, fairly, and without reminding, according to the agreement we set up beforehand. I would like to be paid for any holidays, sick days, or any other days you take off from work where you get paid and elect to keep your child at home with you. Part of my obligation to you is to be available everyday for taking care of your child so you can work fulltime. I depend upon you paying me the same amount weekly to meet my family's bills.

I would like you to bring and pick-up your child at the time agreed upon. If you will be more than ten minutes late, I expect to be called beforehand and paid $1.50 extra per hour late. I expect you to respect my wish to keep the dinner hour at my house as least hectic as possible by not staying too long.

If your child is sick, I would appreciate being informed of the illness beforehand and being given instructions for his/her care. I will take care of a sick child if the illness is not too severe or communicable, or if the child is not too distraught or demanding a great deal of extra attention.

If your child is having difficulties or demonstrating behavior problems, I would like to be able to communicate this to you and expect you to take actions at home to improve the situation.

If possible, I would like you to have another person available to take care of your child when I take my vacations or in an emergency. Each of us has the option to terminate services by giving a two week notice if the situation is not meeting our expectations. I hope this answers some of the questions you may have about any day care business and please feel free to ask me any other questions you may have.

Sincerely,

Family Day Care Provider

SAMPLE FILLED-IN AGREEMENT FORM

This sample is included to give family day care providers an idea of the type of information that can be included in the agreement forms. When possible we've indicated several possibilities and separated them by a circled or (or).

This sample is not designed to recommend or show the "right" or "best" policies for conducting a family day care business.

Pages 350-353 reprinted from Sharing In the Caring: Family Day Care Parent-Provider Agreement Packet by Toys 'n Things Press.

The following agreement, Part I and Part II is made between:

Parent(s): Jane and Henry Jones — Home #: 687-2485 — Work #: Jane 721-4325 Henry 642-3458
Address: 5854 Wentworth Avenue, St. Paul, Mn. 55123
Provider: Sarah Wilson — Telephone #: 683-4725
Address: 6324 Oak Grove, St. Paul, Mn. 55127
For the care of: (name of child(ren)): Erica Jane Jones

Authorized persons to be called when parent(s) cannot be reached:
Name: Mary Jones — Telephone #: (w) 647-4351 (h) 683-2456
Name: John Copeland — Telephone #: (h) 684-2435

PART I: CHILD CARE PLANNING AGREEMENT

THE TYPICAL ACTIVITIES PROVIDED FOR THE CHILDREN ARE:

Indoor: reading books each day; free play; talking to and holding babies; group activities—games, creative art, water play, dramatic play, music, dance, exercise; Sesame Street before lunch; cooking.

Outdoor: walks in the neighborhood and special outings; play on swing set and riding toys; running, throwing, jumping games; picnics; sand box; sledding and snow play. Weather permitting children go outside every day.

MEALS AND MEALTIMES: The following meals will be served by the provider.

___ Breakfast at about ______
✓ A.M. Snack at about 9:30 a.m.
✓ Lunch at about 11:30 a.m.
✓ P.M. Snack at about 3:00 p.m.
___ Supper at about ______

Other food information: Provider is a member of U.S.D.A. Child Care Food Program. (or) Mary is allergic to cow's milk—parent will provide soybean formula.

CLOTHING: The following items of extra clothing will be provided by the parent.
T-shirt, shirt, underpants, pants, socks, seasonal outerwear

___ cloth diapers or ✓ disposable diapers will be provided by parent

TOILET LEARNING: The parent will supply 4-6 pairs training pants, a change of clothes, in addition to the above. (training pants, extra changes of clothes, etc.)

Provider (Parent or Provider) will supply potty chair.

Feces will be called B.M. (or) doo doo, urine urine (or) pee pee
bowel movements having a B.M. (or) doing doo doo, urinating urinating (or) going pee pee

NAPS AND REST TIMES: Naps and rest time policy will be: Infants and toddlers usually sleep on demand. Older children have a quiet time or nap at 1:00 p.m.

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ILLNESS POLICY: The parent agrees to notify the provider of the child's illness or suspected illness and to make other child care arrangements if the child has: vomiting, fever, severe cough, congestion or other discomfort; has a contagious illness.
(list of illness/symptoms)

The provider agrees to notify the parent of any illness the child comes in contact with at the day care home. The provider will notify the parent (or responsible adult listed above) if the child shows any of the following symptoms while in care: vomiting, fever, severe cough, congestion or other discomfort.

For life threatening emergencies, the provider will: call county ambulance, attend to sick child and place other children with competent adult

SUBSTITUTE CARE/HELPER ARRANGEMENTS: In emergencies, provider will call Tara Henry next door; for planned absences Carol Johnson will substitute. Parents are urged to make additional arrangements as well.

OUTINGS AND TRANSPORTATION POLICY: Provider will provide car seat.
(Parent or Provider)

I hereby give Sarah Wilson permission to take my child on field trips using
(Provider)

any of the following types of transportation: car, bus, walking

Parent's Signature Jane Jones

SPECIAL NEEDS CHILDREN: To assure adequate care of not applicable (or) Erica Jones, the following
(child)

is agreed upon: Provider will closely observe Erica during physical activities and administer medication upon sign of asthma attack.
(For more complete instructions, use a separate sheet)

OTHER ISSUES OF CONCERN TO EITHER PARENT OR PROVIDER: Provider agrees to limit t-v viewing to Sesame Street (or) Parent and provider agree to meet every six months ½ hour before pick-up time to discuss Erica's progress and any other concerns (or) No candy or sweets from home.

PART II: PARENT - PROVIDER FINANCIAL AGREEMENT

BASIC RATES AND POLICY:

1. Full - time: Full - time care is defined as 5 days per week and 9½ hours per day

   Full - time Fee: Infant (0 - 15 mos.): $ 50.00 per week

   Children (16 mos. & over): $ 45.00 per week

2. Part - time: Part - time care is defined as 6-9½ hours per day and/or 3-4 days per week

   Part - time Fee: Infant (0 - 15 mos.): $ 11.00 per [✓ day]/hour

   Children (16 mos. & over): $ 10.00 per [✓ day]/hour

3. Other: Hourly rate is $1.25/hour for less than all day care or fewer than 3 days per week.

4. Basic charges for Erica Jane Jones shall be $ 50.00 per week.
   (child)

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OVERTIME RATES AND POLICY:

1. For the purposes of this agreement, overtime will be considered as drop-off before 7:30 [✓ a.m.]/p.m. and pick-up after 5:00 a.m./[✓ p.m.]
2. If the parent informs the provider, and the provider agrees, the child may stay overtime at the following rate: $1.00 per ½ hour or portion thereof.
3. If the parent has not informed the provider that he or she will be arriving earlier or later than the agreed upon times above, the following rate will be charged: $5.00 per ½ hour or portion thereof.
4. If the parent has not notified the provider that he or she will be late, and the provider is not able to continue care, the provider will call one of the authorized persons listed in Part I to come for the child.
5. Other: Provider must be notified if Erica will be arriving later than 8:30 a.m.

POLICIES AND RATES REGARDING HOLIDAYS, VACATIONS AND OTHER ABSENCES:

1. The following are paid holidays when they fall on a day regularly scheduled for care:

✓ New Year's Day
✓ Memorial Day
✓ Independence Day
✓ Labor Day
✓ Thanksgiving Day
✓ Christmas Day

Other: Full-time: charged for above, plus day after Thanksgiving; no charge for part-time.

2. Charges and policy for child's absence will be: Regular charges of $50.00 per week include absences except for 10 vacation days per year or no charge for absences for part-time.

Notice of planned absence shall be given 2 (# of weeks) in advance.

3. Policy/charges related to provider's illness or other emergency that prohibits care will be: Parent will not be charged for days that the provider (or provider's substitute) does not provide care, except for scheduled vacation.

Policy/charges related to provider's scheduled vacation: Provider will take 10 vacation days per year at no charge to parents or Parent will pay for one week of vacation out of two weeks taken by provider.

The provider will notify the parent 2 (# of weeks) in advance of scheduled vacation or other leave.

4. Other:

PAYMENT TIMES: Payment in full shall be made on Friday (day/date) for each week (time period) of child care.

TRIAL PERIOD: A trial period of 4 (# of weeks) is agreed upon. Final placement will be agreed upon 2/4/83 (date).

EFFECTIVE AGREEMENT DATE AND TERMINATION POLICY:

"Part I: Child Care Planning Agreement" has been discussed and reviewed by both parties and provides a basic outline for the day-to-day care of Erica Jane Jones.
This is in effect until a change is mutually agreed upon in writing or until 2/4/84 (date).

"Part II: Parent - Provider Financial Agreement is in effect from 2/4/83 to 2/4/84, at which time this agreement will be reviewed and updated. Child care may be terminated by either parent or provider by giving written notice 2 week(s) in advance. Termination voids this contract.

Sarah Wilson
(Provider's Signature)
December 11, 1982
(Date)

Henry Jones Jane Jones
(Parent's Signature)
December 11, 1982
(Date)

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3. WHAT WOULD YOU DO IF ...

The following are some situations which have come up between family day care providers and the parents of the children they were caring for. There are a number of incidents which cover a whole range of things which could happen when you are working with other people. Some questions are given at the end of each incident to help you identify the feelings, needs and rights of the parents, the children and yourself which might be important in dealing with the particular stituation.

1. Caring for a Sick Child - What would you do if ...

One of the children you are caring for is on medication prescribed for strep throat. You have agreed to take care of this sick child and have the parents' written permission to give the medicine as prescribed. The first day the child is sick, the mother says she has not had time to pick up the prescription at the drug store. She says she will do it that night. The next day she brings the medication but the following day she forgets it. The day after she says she left it on the kitchen table at home, yet the label distinctly said the medicine must be kept in a cool place or refrigerated.

The next day the mother says that her child is better and does not need the medicine anymore.

The next morning the child becomes sick again and the parent greets you in the morning with "Oh, this kid! She's sick AGAIN!" She hands you the old medication. What would you do? What is a practical solution?

Things to consider:

a. What kinds of arrangements did you make with the parents for taking care of a sick child?

b. What effect do you think this might have on the child?

c. What is your first impression of this parent?

d. Why do you think a parent might do what this parent did?

e. What are some alternative ways of managing this situation?

2. Critical Parent - What would you do if ...

Everytime Jimmy, a four-year-old, makes a picture while he is at your house he says, "My mom doesn't like my pictures".

Things to consider:

a. How do you think the child feels?

b. Why do you think the mother would say this?

c. How would you feel if you were the day care provider?

d. List several things you could do.

3. Late Parent - What would you do if ...

It is seven o'clock and five-year-old Jay is still at your house. Normally you take care of him from 7 a.m. to 4:30 in the afternoon. This is the second time this month that his mother has been late and she did not call you either time even though you had discussed this in the initial interview and you have asked her again several times.

Around 7:30 p.m. Jay's mother finally comes. She does not seem to be in much of a hurry and says to you "Sorry, I didn't call. I just take it for granted you don't mind. You like Jay and he's so easy to care for".

Things to consider:

a. How would you feel if you were the provider?

b. How do you think the child feels about this?

c. How might your feelings affect the way you work with the child?

d. What are some of the reasons a parent might be late so often?

e. List some things you could do in this situation.

4. Parent Who Does Not Seem to Care - What would you do if ...

Michael, age 4, has been in your family day care home for about a month, when you notice him holding a book very close to his face when he is looking at the pictures. Michael is usually not very clean when his mother brings him and often his clothes are not mended.

That evening when Michael's parent comes for him, you tell the father what you observed while Michael was looking at pictures and ask if Michael has had any eye problems. The father cuts you off saying, "I pay you to take care of Michael, not to be his doctor. Besides, I can't take any more time off to take him to the doctor again".

Things to consider:

a. What explanations can you think of for the father's reaction?

b. List some other approaches you could use to discuss such a problem with a parent?

5. Parent With Marital Problems - What would you do if ...

About once a week when Jean Foster comes to pick up her daughter, there's a conversation which generally goes like this, "Hi Sue, do you know what that $%¢&*** husband of mine did yesterday? I tell you, he just never quits. Well, yesterday he was supposed to take us out to the Pancake House and do you know when he finally came home? After 8 o'clock!"

Things to consider:

a. What do you think this mother wants from you?

b. What are some possible responses you could give? What community resources are available for referral purposes?

6. Talkative Parent - What would you do if ...

Mrs. Olson comes for Sally at 5 p.m. everyday. You are in the middle of getting your other day care children ready to go home and also trying to get supper for your family. However, Mrs. Olson does not leave. She comes in and talks with you while you are working. Pretty soon it is 6 p.m. and all the other children have left and your supper will be ready in a few minutes.

Things to consider:

a. What do you think Mrs. Olson is trying to tell you?

b. What would be your feelings in this situation?

c. In what ways could you handle the situation? What could you say?

7. Parent Has a Boyfriend - What would you do if ...

Three-year-old Sherri waves goodby to her mother and comes bounding up to you as she comes into the kitchen. "Hi Judy, you know what? Larry was in my mama's bed this morning. You know what? Last week Uncle Bob was there and another time Jim stayed with us. Mama said I can't tell Grandma".

Things to consider:

a. How do you come to grips with this situation or deal with a lifestyle which is different from yours?

b. How might knowing this about a mother affect your relationship with the child?

c. How might knowing this about a mother affect your relationship with the mother?

d. What would you say to Sherri?

8. Child Who Is A Behavior Problem - What would you do if ...

You have been taking care of Mary for the last year and a half, since she was 18 months old. Ever since she has been coming to your house she has bitten just about everyone she comes into contact with. You just have to watch her all the time when any other children are around.

Things to consider:

a. What are some possible reasons why this child might bite others?

b. How do you feel about a child who misbehaves in this way?

c. What is your responsibility as a family day care provider in an instance such as this?

d. What are some ways to handle a biter?

9. Parent Who Needs Child Care Immediately - What would you do if ...

You are only taking care of one child, a three-year-old boy, and have just answered your telephone and a woman says, "Hello, this is Mrs. Murphy, and I just got your name from the Welfare Department. I want to bring Joey to you tomorrow for day care. I'll be there about 7:30 a.m."

Things to consider:

a. Why do you think parents call at the last minute like this?

b. How do you as a provider feel when parents do this?

c. What could you say to the parent?

d. How would you manage the first day for the child under these circumstances if you took him?

POSSIBLE WAYS TO MANAGE THE SITUATION

1. Caring For a Sick Child

   a. Remind the mother of your initial agreement and make it clear that you will care for the child only if the medicine comes with the child every morning. In situations such as this, be clear, concise and follow through if necessary. Your health and the other children's health must take priority.

   b. Insist that the mother take the child to the doctor again for another culture and fresh medicine.

   NOTE: It is not ethical for a family day care provider to call the doctor herself.

   c. Explain the health hazards that a child with a contagious disease presents in a situation in which you care for other children.

   d. Ask the mother to divide the medicine into two parts so that she can leave one bottle with you and does not have to bother to bring and pick up the medicine everyday.

   e. Explain the potential dangers to the child if she does not receive proper medical care.

   f. If it appears that the parent continually does not provide adequate medical care for the child, you may need to check your local laws regarding child abuse and neglect.

2. Critical Parent

   a. Display the things all the children have made somewhere in your house where parents can see them.

   b. Show the mother pictures made by different children and talk about what children of different ages do. Explain how much fun children have doing art work and how much they love it when their work is praised even when it is sometimes difficult to recognize what their picture "is".

   c. Help the mother to understand what are appropriate expectations for children her child's age. Talk about how doing is more important than the end product for children.

   d. Have the child leave his pictures at your home - make a scrapbook for the child or have a special place for him to keep his pictures.

   e. Try to encourage the child to express his feelings. If possible, help the child to understand why his mother might say that and that sometimes adults just do not see things the way children do.

f. Reassure the child that he is doing fine, and that you appreciate his efforts as well as the final product.

g. If the problem persists, you may want to set a special time to discuss your concern with the parent regarding the effects her statements may be having on the child's development of self-esteem and creativity.

3. Late Parents

a. Explain to the parent how it is important to the child that the parent come to pick him up when she says he/she would, and that the child was really getting worried that he had been forgotten.

b. Explain the reasons why it is difficult for you when a parent is late, and how you feel about it.

"This is the time I usually spend with my own children and getting things ready for tomorrow. When you are late, it annoys me because I have to stay up later in order to prepare and make things for the children to play with tomorrow. The things I have to do are important, too".

c. Charge the parent for overtime care.

d. Tell the parent firmly and politely that you can not continue taking care of the child.

e.g. "This is the second time this month you have been late. If this happens again, I'll have to give you a two-week notice to find someone else to take care of Jay".

4. Parent Who Does Not Seem To Care

a. Give the father the benefit of the doubt that he may have been in a hurry or had other things on his mind.

b. Call the parents at home and discuss what you have observed. You should not discuss a problem such as this in front of the child.

c. Document with more specific examples when the child seems to have difficulty seeing. Check to see when and how the child walks. What he does with books other times, where he sits while watching TV.

d. Ask parent if he/she has noticed the same kinds of things at home.

e. Discuss with parents their difficulties taking the child to the doctor including ways they might be able to deal with these. If possible suggest some free or inexpensive places where the parents could take the child for a check-up. Your licensing worker or trainer may have information on these.

5. Parent With Marital Problems

   a. Sympathize with the difficulty of the situation/problem for the parent.

      e.g. "I know it's hard for you but you'll have to work it out with your husband."

      "I'm sorry to hear that but I really can't help you."

   b. Give the parent the names of at least two resources for marital counselling such as Catholic or Jewish Family Services, Lutheran Social Services, community mental health clinics, etc.

      NOTE: This information is generally none of the family day care provider's business and such personal information should NEVER be repeated to anyone.

6. Talkative Parent

   a. Walk with Mrs. Olson to the door.

   b. Ask Mrs. Olson if she has something specific she wants to talk about and if not, you simply do not have the time to chat.

   c. Explain to Mrs. Olson that you are really busy right now but that you would be glad to have her call you this evening.

   d. If Mrs. Olson does this frequently, have Sally dressed and at the door when her mother comes so it is not necessary for her to come in.

7. Parent Has a Boyfriend

   a. Answer the child with a neutral comment such as "Oh, is that right?", and change the subject.

   b. Let the child express her feelings about the situation with only neutral comments from you. (If you show disapproval of the mother, the child will take this disapproval personally since at this age children identify so closely with their parents.)

      NOTE: This information is NONE of a family day care provider's business and she should never pump the child for futher information or details. Such personal information should NEVER be repeated by the provider to anyone.

8. Child Who Has A Behavior Problem

   a. Give the child something appropriate, such as an apple to bite when you notice the child getting ready to bite someone. Say "You need to bite food, not people".

b. Unobtrusively observe and watch the child carefully and catch the child before she bites. Stop the child when you notice she is getting ready to bite by picking her up and moving her away from the other child, saying, "I can't let you do that. It hurts (name of other child). You can go back and play with her when you're ready to play nicely." Be firm and consistent. Do not hug or hold the child when this happens, but be sure the child is getting positive attention at other times of the day when she is behaving appropriately.

c. Try giving the child who bites some extra attention when she first arrives in the morning before she has a chance to bite anyone.

d. Observe the child carefully to find out when and why she bites other children. Are they taking her toys or not letting her play with them? What happens after Mary bites? Does she get more attention from you and/or the other children? What happens before and after? How can either of these be changed unobtrusively?

e. Help Mary find some positive ways of interacting with other children.

9. Parent Who Needs Child Care Immediately

a. Refuse to take the child on such short notice. Tell her what procedures you insist upon before accepting a child. Maybe she has not thought through appropriate procedures for choosing child care and she will decide she can wait. If she gets mad, at least you know that you made your requirements clear and you should feel okay about your decision and action.

b. If you are willing to take the child, tell the mother to go ahead and bring the child and that she will have to pay a week in advance for his care. Find out as much as you can about the child on the phone and set up an interview for sometime during the week.

c. Tell the mother that you cannot take a child without an interview and ask if she can come over now or could come a half hour early the next morning so you could talk about some of the things you need to know in order to take good care of her child. Then offer to finish the interview the next night when she comes to pick up Joey.

SELECTED BIBLIOGRAPHY

Parent and Caregiver: Developing a Positive Relationship

The following is a limited bibliography to help supplement the contents of the unit. We realize there are many materials available in certain areas and tried to choose the best, most recent, most helpful publications. By no means should the list limit you in your search for supplementary materials.

Although we have listed books for trainers and caregivers separately, we urge you to also read the books suggested for the caregiver. You may find that your local library and/or bookstore will be helpful in obtaining copies of the recommended titles. Ordering information for each resource has been included. The prices listed are approximate and included to serve as a guide in your selection.

BOOKS FOR THE TRAINER

Alberti, Robert and Michael Emmons. Your Perfect Right: A Guide to Assertive Living. Impact Publications, 1982.
Available from the publisher, P.O. Box 1094, San Luis Obispo, CA 93406 ($6.95).

Garcia, Angela B., Margaret S. Robinson and Dennis C. Sims, Ph.D. Communicating and Working with Parents. Far West Laboratory for Educational Research and Development, 1975.
Available from the publisher, 1855 Folsom St., San Francisco, CA 94103 ($6.95).

Phelps, Stanlee and Nancy Austin. The Assertive Woman. Impact Publications, 1975.
Available from the publisher, P.O. Box 1094, San Luis Obispo, CA 93406 ($5.95).

Smith, Manuel J. When I Say No, I Feel Guilty. Dial Press, 1975.
Available from Bantam Books, Inc., 414 E. Golf Rd., Des Plaines, IL 60016 ($3.50).

Swick, Kevin. Building Successful Parent/Teacher Partnerships. Humanics Limited, 1980.
Available from the publisher, P.O. Box 7447, Atlanta, GA 30309 ($9.95).

BOOKS FOR THE CAREGIVER

Basic Guide to Record Keeping and Taxes. Toys 'n Things Press, 1984.
Available from the publisher, 906 North Dale Street, St. Paul, MN 55103 ($5.00). (Each year an Annual Update to the Guide is published, and costs approximately $2.00).

BOOKS FOR THE CAREGIVER (Continued)

Coming to Terms: A Basic Guide to Child Care Agreements for Parents and Providers. Toys 'n Things Press, 1984.
Available from the publisher, 906 North Dale Street, St. Paul, MN 551
($4.95).

Briggs, Dorothy. Celebrate Your Self: Making Life Work for You. Doubleday and Co., 1977.
Available from the publisher, 501 Franklin Avenue, Garden City, NY 11530 ($13.95).

Kennedy, Eugene. If You Really Knew Me, Would You Still Like Me? Argus Communications, 1975.
Available from the publisher, 7440 Natchez Avenue, Niles, IL 60648 ($3.50).

Satir, Virginia. Peoplemaking. Science and Behavior Books, 1972.
Available from the publisher, P.O. Box 11457, Palo Alto, CA 94306 ($7.95).

BOOKS FOR CHILDREN

Corey, Dorothy. You Go Away. A. Whitman, 1975. Available from the publisher, 5747 W. Howard Street, Niles, IL 60648 ($7.95).

Steptoe, John. Stevie. Harper and Row, 1969.
Available from the publisher, 10 East 53rd St., New York, NY 10022 ($10.95).

FILMS

Talking Together. Modern Talking Pictures.
Available for loan from various locations throughout the U.S. For locations in your area, contact Modern Talking Picture Service, Film Scheduling Center, 2323 New Hyde Park Road, New Hyde Park, NY 11040. In Minnesota, available from Modern Talking Picture Service, 9129 Lyndale Avenue S., Minneapolis, MN 55420 (No rental charge).

FILMSTRIPS

Are You Listening? Parent, Child, Caregiver Relationships. Minnesota Family Day Care Training Project, 1975.
Available for purchase or rental from Audio Visual Library Service, University of Minnesota, 3300 University Avenue, S.E., Minneapolis, MN 55414 (5E0933, $5.50 rental fee) (Purchase price $25.00).

Choosing Child Care. Toys 'n Things Press, 1980.
Available for purchase from Toys 'n Things Press, 906 North Dale Street, St. Paul, MN 55103. ($30.00).

FILMSTRIPS (Continued)

Cooperation Among Family, Staff and Community. A set of five filmstrips and cassettes from the series Working with Children: A Commitment to Caring. Parent's Magazine Films, 1978.
Available from Parent's Magazine Filmstrips, Communications Park, Box 5000, Mount Kisco, New York 10545 ($109.50/set of 5 filmstrips).

Make Room for Children. Toys 'n Things Press, 1977.
Available for purchase from Toys 'n Things Press, 906 North Dale Street, St. Paul, MN 55103 ($30.00).

OTHER

Calendar-Keeper. Toys 'n Things Press (New each year).
A record keeping system for family day care providers. Available from Toys 'n Things Press, 906 North Dale Street, St. Paul, MN 55103 ($6.95 or $11.95 for a larger edition).

A Parents' Guide to Day Care. Gryphon House, 1981.
Pamphlet. Available from the publisher, 3706 Otis Street, Mt. Ranier, Maryland 20822 ($2.95).

Sharing in the Caring: Family Day Care Parent-Provider Agreement Packet.
Toys 'n Things Press, 1983.
Available from the publisher, 906 North Dale Street, St. Paul, MN 55103 (Sample packet - $3.50; 5 packet - $6.85; 10 packet - $11.50).

Toy Supplement

INTRODUCTION

1. USE OF TOYS

Toys Teach in Many Ways
Uses of Toys
Toy Tips
Add a Prop
Matching Toys to Child's Skills and Interests
Toys That Work with Different Ages

2. SELECTION OF TOYS

Check It Out: What Do You Have? What Do You Want?
Guides to Thoughtful Toy Selection and Evaluation of Toy Needs
Alternatives for Obtaining Toys

3. TOY SAFETY

Toy Safety Checklist
The Toy Box Dilemma

TOY SUPPLEMENT

INTRODUCTION TO THE TRAINER

The Toy Supplement section is designed to provide additional information and activities about toys. The materials are structured to be used as individual sections rather than as a unit. Selection of toy topic sections should be made based on the needs of individual caregivers.

As you review the units in the Handbook prior to presenting them to caregivers, you may identify ways that toys and toy topics can be incorporated into the training plan. For example, in the unit Your Home: A Place For Learning, you might suggest ways that specific toys could help children with each area of learning suggested in Section 1 of that unit - "Your Children: What Do They Need To Learn". Many other parts of that unit could be supplemented with discussions of specific toys, how children of different ages use these toys, and what planning and skills the caregiver needs to make toys a creative part of the environment.

In addition to using the Toy Supplement sections with the units in the Handbook, you will also find that the various sections of the Toy Supplement can be used with each other in a number of ways. For example, the "Uses of Toys" section is a good follow-up to the section "Toys Teach in Many Ways", or the "Toys That Work With Different Ages" section is a good follow-up to the "Matching Toys To Child's Skills and Interests" section. Again, uses of the Toy Supplement sections should be based on the caregiver's needs and interests and according to your mutually established training plan.

The Toy Supplement includes the following:

1. Toys Teach in Many Ways
2. Uses of Toys
3. Toy Tips
4. Add a Prop
5. Matching Toys to Child's Skills & Interests
6. Toys That Work With Different Ages
7. Check it Out: What Do You Have? What Do You Want?
8. Guides to Thoughtful Toy Selection and Evaluation of Toy Needs
9. Alternatives for Obtaining Toys
10. Toy Safety Checklist
11. The Toy Box Dilemma

In addition to the resources for caregivers this packet contains resources for trainers including:

1. A review of the function toys serve in a child's world.
2. Rationale for including toys in your training plans.
3. Tips for toting toys.

1. For your own review you may find it helpful to think over the many functions toys serve in a childs environment such as:

   *encouraging child to become involved
   *fostering creativity
   *facilitating concrete learning - sizes, colors, shapes, numbers
   *promoting thinking, deciding, pondering
   *developing motor skills
   *stimulating social interaction
   *allowing child to enjoy solitary play
   *providing lessons in frustration, patience, success
   *encouraging attention & task focus
   *allowing exploration, classifying and creating order
   *giving experiences in trial & error learning
   *serving as a tool for practice & repetitive learning
   *encouraging language development
   *fostering perceptual skills
   *creating a sense of discovery & fun

2. Your role as a trainer is so complex that the addition of toys and toy topics to your training plans may need some defense. You hold a unique position as a model for emphasizing positive toy use in the day care home. Demonstrating toy topics is a very effective method of reinforcing concepts from the training units.

   Toy modeling provides several specific assets:

   Confidence Builder:
   Even before you arrive at the child care site your sense of confidence and enthusiasm will be higher if you have several toys up your sleeve and a plan for their use as support tools.

   Ice Breaker:
   A bag of toys is an immediate conversation piece.

   Relationship Builder:
   Encourage the caregiver to distribute the toys to the children. You will be fostering her relationship with the children. When you help make her a "hit", you'll be more welcome.

   Focus on Children:
   Modeling toy use helps you and the caregiver include the children in the learning process.

   Child's Self Image Building:
   Bringing toys for the children lets them know you think they are important too. It also gives children something to do while you are talking with the caregiver.

   Observation Tool/Skill Reinforcer:
   While observing her distributing the toys, take mental notes about what you'll stress in future units: *Point out to her what she is doing well.

   a. How aware is she of the childs developmental & emotional skills?

b. How age appropriate are her play suggestions? (For Ages & Stages Unit)

c. Where does she let the children play? (For Your Home: A Place for Learning Unit)

d. How much does she interact with the children in play? (For Self-Esteem Unit)

e. What rules does she enforce? (For Guiding Behavior or Health & Safety Unit)

Remember to stress her strong points again as you cover each unit.

Anticipation of Next Visit:
Telling the caregiver and children what you plan to bring next time plants the seed of looking forward to your next session. Be sure to enter notes about toys on your planning sheets.

Be sensitive to family rules about messy, noisy or active projects. Start on a level comfortable to the caregiver. Move on to encourage growth after your relationship is well established.

3. Tote Tips for Toys:

a. A large flexible bag will allow carrying items of varying shapes.

b. An adjustable or elastic strap across the top of the bag will hold items in.

c. Pockets on the outside are helpful for small pieces you want to keep separate.

d. A shoulder strap allows you to keep your hands free for carrying other "goodies".

e. Separate containers for items allow you to repack easily for each trip.

f. A list tucked in an outside pocket allows you to make notes on supplies to be replaced and added for the next visit.

TOYS TEACH IN MANY WAYS

Toys encourage a child to become involved.

Young children learn best by doing, touching and seeing how things work and by making them work. Toys help children move from being an observer to becoming an active learner.

Toys foster creativity.

Many children's toys allow each child to use his/her own ideas, to build and put things together in a way that feels just right. This encourages positive self concept and pride in their own ideas.

Toys help children learn information.

Children often learn the concepts of size, weight, colors, shapes, and many others by using toys in play. Toys help ideas become real.

Toys encourage children to think, to wonder and to solve problems.

Children work very hard at their play. They struggle to solve the problems that develop. Toys help children to use valuable learning strategies.

Toys provide opportunities for children to develop motor skills.

Children use many small and large motor skills as they play with toys. Putting pegs in the peg boards helps coordinate eye and hand skills. Driving a big truck allows a child to practice controlling active movements.

Toys help children learn social skills.

Using toys in a group setting encourages children to learn many skills for interacting with others. Rules about sharing toys and space, about personal and group needs, and caring for property are learned through positive experiences with toys.

Toys provide opportunities to experience frustration, patience and success.

Toys are often the source of frustration for children. If the toy is one that is not too advanced for the child, this frustration can be a valuable learning experience. Children feel successful and powerful when they overcome mild difficulties.

Toys encourage children to pay attention to a task and to learn about "finishing" an activity.

Many toys are called "self correcting" because the toy itself lets the child know if an answer is wrong. Toddlers learn that square blocks won't go in the round holes. Children also learn to recognize the end of a play task. For example, a puzzle is not finished until all the pieces are together.

Toys allow children to explore, to find out what goes together, and to create order.

Children playing with blocks do not plan to learn about sizes, fractions, balance or space. Through their play they discover that two little blocks can be one wall and one big block the other. The "roof" block will hang between the two walls. These discoveries provide valuable tools for later learning.

Toys encourage children to try several ways to solve a problem.

Much of children's play involves "trial and error learning". This means that children try out several solutions until they find one that works. Children who keep this skill of looking for the best solution from many possible choices, have a valuable problem solving tool.

Toys allow children to practice and improve skills.

Many toys seem to grow with the child or at least to be used in new ways as the child develops. Children enjoy using familiar toys as tools to prove old skills and show off new skills.

Toys provide unlimited opportunity to hear and use language.

Names, labels, descriptions of action, ideas, imagination, interaction with others, are all expressed through language and songs as children play.

Toys help children learn about feelings.

As children play with toys they experience a wide range of feelings: joy, wonder, surprise, anger, sympathy, pain, jealousy, frustration, delight, pride.

TOYS HELP CHILDREN HAVE FUN!

USES OF TOYS

Think of the children in your care. Write down how each child uses or could use each toy to learn in several different ways. Put the initials of the child you are thinking of after each use that you list.

	Just for Fun	To Learn an Idea	To Create	To Experience Success	To Play with Others	Other
Blocks	blocks are always fun!	to count (J.M.) to sort by color (J.M.)	build roads, houses, space ship (J.M., P.R.)	balance, build high towers (P.R.)	building & pretending together (J.M., P.R.)	to look at, reach for (infant, T.L.)
Puzzles						
Trucks						
Pail Full of Snow						

TOY TIPS

Introduce new toys in a positive way.

"This toy is new. We will have to plan a way for you to all have a chance to use it today. First let's talk about how it works and how you can have fun with it."

Use toys to make children feel special.

"I got this out today because I know you like it."

Recognize children's effort and hard work.

"You tried so hard and finally the block building is just the way you like it (wanted it to be)."

Recognize frustrations kids have with toys.

"That hat just wouldn't stay on the hook. I noticed you tried to hang it up." "When the pieces slip a little, the puzzle doesn't fit right, does it?"

Encourage observation of other's ideas but not competition.

"You each are making something different with the blocks. I like watching each of you. You have your own ideas and you learn from each other."

Use conflicts over toys to help kids learn social skills.

"You and Sarah both want to use the truck right now - how can we solve this problem so everyone feels OK?"

Emphasize safety rules.

"This play is not safe inside. You can take this outside where there is more room."

Teach kids to care for toys.

"I like nice toys - we will take these inside everyday so they will last longer."

Help children understand the play needs of other children in the group.

"Those little pieces would be dangerous for the baby and the little children. We will save this game to use while they are napping."

Display is part of play. Arrange the toys so that the children can choose toys and put them away by themselves.

"Let's put the trucks back on the shelf so we have room to build block cages for the animals."

Expect to be involved. Toys are not a substitute for adult attention.

"I'd like to play with you in your store for a few minutes before I fix lunch. Would that be OK?"

Make all toys available to both boys and girls.

"Sure its OK for Rusty to play with dolls. He is learning to care for someone else." "Shana is a very good bulldozer driver. She makes interesting roads."

Use toys to help children learn about other cultures.

"Look at the clothes the girl is wearing in the puzzle picture. Do you think she lives in Minnesota?"

Find ways to use toys to help children express feelings.

"It is hard to share when you feel angry. Let's find a toy you can use by yourself for awhile."

Rotate toys that are out for play to keep them interesting. A toy that has been in the closet for a month is greeted with as much enthusiasm as a new toy is.

"This would be a good day to get out the peg boards. Remember how much fun you and Kurt had with them?"

Allow enough time for play and clean up.

"You worked so hard on that road. Would you like to leave it there to use after lunch?" "WOW! This is getting to be a very big store. We will plan extra time to put all of these things away before you go home."

Treat clean up as a part of the play. Explain reasons for clean up times and help the children learn that they can have more fun if there is safe room to play.

"We don't have room to sit together. Let's put the toys we are not using back on the shelf". "If we put all the animals back in their 'cage' box we will know where they all are when we want to use them next time." "Those lotto cards will not be fun to use if they get bent and wrinkled. Help pick them up so we will have all of them to use tomorrow."

Give time warnings to alert children of the end of a play time.

"In fifteen minutes it will be time to go outside. You have about ten minutes to play before we start putting these toys away."

Allow extra time for toddlers to pick up their toys.

"Ronnie, it is time to start scooping up all those blocks. Would you like to use this little shovel?"

Have containers that hold all of the toy pieces and are easy to carry.

"That box is getting old. Let's put the cars in this ice cream pail."

Be a toy problem detective. Observe, listen to the children and create your own Toy Tips!

ADD A "PROP"

Often the most useful toys are the ones that can be combined with others for many sessions of creative play. The chart below gives you a chance to suggest combinations of toys that would encourage one child or a group of children to play with a toy in several ways.

Example	Add	Add	Add	Add
Start with a small car	Blocks	Masking Tape	A Gas Pump	People
	to build roads to build garages to make a course to drive through make bridges and ramps	Put masking tape roads on the floor. Outline areas for houses, parking lot, gas station.	Make or buy a simple gas pump. (Could be a block with a string taped on.)	

	Add	Add	Add	Add
Start with small plastic animals				

	Add	Add	Add	Add
Start with empty food cartons				

	Add	Add	Add	Add
Start with				

MATCHING TOYS TO CHILD'S SKILLS & INTERESTS

Each child is unique and special, but children do follow similar patterns of development. The following chart gives some suggestions for matching toys to children's growing skills.

AGE	TOY	EXPERIENCE
Newborn to 3 months	musical toys wind chimes record player	listening,
	safe crib decorations colorful toys, mirror	seeing, kicking, touching, sucking
3 months-6 months	teething & chewing toys	exploring with mouth & hands
	soft animals & dolls	touching, hugging
	bell blocks, hour glass, butterfly ball or other clear ball with object inside, rattles & sound toys, squeak toys	discovering cause and effect, mouth & hand play
6 months-12 months	textured clutch balls, nested cups or boxes, strings of big beads, bathtub toys, cloth or hardboard books, crib activity boxes	touching, making things move
12 months-24 months	stacking toys, nesting blocks, shape sorting boxes, musical toys, push-pull toys, telephone, dolls, animals, tea set	moving & controlling imagining & pretending listening & making sounds
2 years to 3 years (Continued on next page)	toys to ride on and to "drive," blocks, balls, play appliances & utensils, dress up clothes, dolls, trucks, puppets	directing, causing action, constructing pretending, acting, playing with others

AGE	TOY	EXPERIENCE
2 years to 3 years (Continued)	simple, large take apart/ put together toys, puzzles peg boards, lock boxes, shape sorting toys, large beads to string	problem solving, trial & error learning, practicing a skill, understanding ideas
	large crayons, playdough, chalk & chalk board, musical instruments	being creative, learning to show feelings and ideas
	books, music, pictures	learning to listen, to identify objects, to talk about things
3 years to 5 years	magnets, stethoscope, magnifying glasses, books about animals, airplanes, how people live etc. additional dress up clothes, clocks, doll houses, airports, storekeeping toys, telephones, farm & zoo animals, doll house people	exploring a big world, learning to notice & understand about environments, how people & animals act, playing with other children
	puzzles, parquetry blocks, lotto games, construction sets, games, lacing sets, number, shape, color, space, size toys	manipulating, learning to organize, sort & think about concepts
	tricycles, climbing toys, wagons, sleds, balance beam, balls, bean bags, ropes	learning to move, to balance, control their bodies
	record player, radio, rhythm instruments	listening, moving, creating rhythm
	books with simple stories clear pictures; information books about home, community, world, objects, activities	listening, looking, thinking, sharing ideas with others.

AGE	TOY	EXPERIENCE
6 years to 9 years	board games, more complex construction sets, sports games, collections, science toys, career & character dolls, space toys, card games, checkers	opportunity to play in groups, to carry out a theme of play, to learn rules for games & sports

TOYS THAT WORK WITH DIFFERENT AGES

List activities you could do with each age.

	Infant	Toddler	Preschooler	Early Elementary	Later Elementary
Balls	Look at, reach for, drop off high chair	Roll back & forth, throw,	Tossing games, bouncing ball	Dribbling, tossing games	Relay races, dribbling, shooting baskets
Blocks					
Plastic Animals					
Coffee can with a lid					

CHECK IT OUT

WHAT DO YOU HAVE? WHAT DO YOU WANT?

Think about and list the toys that you have that help children be creative in the following ways:

1. Toys that need child power (things to push, pull, ride).

2. Toys that need a child designer or architect (things to build with, such as blocks, wood scraps, building sets).

3. Toys that need a child artist (materials for painting, cutting, making sculptures).

4. Toys that are "self correcting" (that let the child know when the project is done correctly such as puzzles and matching games).

5. Toys that help children learn self help skills (such as buttoning, lacing, tying).

6. Toys that encourage children to play with others (such as games and things that work only with more than one person).

7. Toys that teach children about other cultures and ways of living (books, dolls, games, puzzles which show children from different cultures or countries).

8. Toys that let children see how it "feels" to be somebody or something else (things to pretend with such as: dress up clothes, puppets, animals, occupational toys, props for pretend play).

List which types of toys you need. Perhaps, for budgetary reasons, you will want to make those toys which you can first, and then plan to purchase one or two new toys per month in order to gain a balance of toys.

GUIDES TO THOUGHTFUL TOY SELECTION & EVALUATION OF TOY NEEDS

1. Are there toys to help each child feel happy and successful?
2. Is each child's knowledge or current interest level challenged by several toys?
3. Are the toys sturdy and made to last in group play situations?
4. Is each toy cleanable and repairable? These two factors are very important when considering toys for family day care.
5. Does the toy work well? Do wheels work, pieces fit smoothly together, movable parts function easily?
6. Is the toy worth the purchase cost? Is it a high priority now for meeting some need for the children in the group?
7. Will the toy fit easily into the amount of space available for play and storage?
8. Is the toy similar to another toy or toys already available or will it give an added dimension to the toy collection?
9. Will the toy help children grow and develop in a variety of ways?
10. Can the toy be used by children of different ages?
11. Does the toy encourage the child to play, interact, take some action?
12. Is the toy safe?
    - a. Are there any labels on the toy to indicate for which age group the toy is intended? Are safety precautions listed?
    - b. Are there small parts that can be swallowed or inhaled?
    - c. Does the toy have sharp points either on the outside or inside that can puncture if the toy is broken?
    - d. Does the toy have sharp edges that can cut?
    - e. Does the toy involve shooting or throwing objects that can injure eyes?
    - f. Does the toy make sharp, loud noises that could damage a child's hearing or raise tensions?

Note: Look for labels that give age recommendations such as "Not Recommended for Children Under Three" or safety information such as "Non-Toxic" on toys likely to end up in little mouths.

ALTERNATIVES FOR OBTAINING TOYS

Toys are expensive! Most budgets are not adequate to allow parents and caregivers to buy all of the toys that are wanted or even needed. There are a number of alternate ways to obtain toys and supplies. Each method has advantages and disadvantages. What "works" for one caregiver may cause frustration for another. Three guidelines may help: 1. Know yourself. Do you have the time to shop for "bargains"? Do you enjoy and have time and room for making materials? 2. Know your community. Opportunities for obtaining toys vary greatly from community to community. Set your goals realistically. 3. Think about what you want and need before you set out to increase your toy supply.

1. Used toys: The amount of money spent at a department store to buy one or two toys will buy several used toys at:
   Moving sales
   Lawn/garage sales
   Second hand stores
   Rummage sales

   Note: *Check that all parts are with the toy and in good working condition. *Check for safety. *Wash used toys before giving them to children.

2. Recycle toys: Some manufacturers will sell single pieces to replace pieces that may have been lost. Write and ask for a price list of spare parts.

3. "Real" life objects: These often carry more appeal than toys. If you keep this in mind while shopping you may discover a whole new world of real toys. Grocery stores, pet shops, hardware stores, card shops or art suppliers have endless possibilities. (Purses, plastic dishes, old typewriters, old phones, flashlights, padlock & key, electrician's belt, hole puncher, paper clips, egg timer).

4. Toy Lending Libraries: In some communities you can check out toys just as you would check out a book from a public library. There is usually a membership fee. To find out if you are close to a toy library, call your local child care agencies.

5. Home-made toys: Many books and magazines give simple, inexpensive ideas for making toys. Children often enjoy helping you make toys. Following are a list of books you may find helpful.

   Baretta-Lorton, Mary. Workjobs...For Parents. Addison-Wesley Publishing Co., 1975.

   Beautiful Junk. (S/N 017-092-00004-9). Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 ($2.50).

Burtt, Kent Garland and Karen Kalkstein. Smart Toys. Harper & Row, 1981.

Caney, Steven. Steven Caney's Play Book. Workman Publishing Co., 1975.

Caney, Steven. Steven Caney's Toy Book. Workman Publishing Co., 1972.

Marzolla, Jean. Supertot. Harper-Colophon Books, 1979.

Marzolla, Jean and Janice Lloyd. Learning Through Play. Harper and Row, 1972.

Elizabeth Gregg and Boston Children's Medical Center Staff. What to Do When "There's Nothing to Do." Dell Publishing Co., 1970.

Teachables from Trashables: Home-made Toys That Teach. Toys 'n Things Press, 1979.

Toys: Fun in the Making. (S/N 017-090-00052-6). Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 ($3.75).

TOY SAFETY CHECKLIST

DO YOU DO THESE?
YES NO

1. DISPOSE OF PLASTIC WRAPPERS. ___ ___
Children can suffocate from toy wrappers such as plastic bags and wrappers. Because they are usually translucent, children like to try to look through them. This brings the bag directly in front of their nose and mouth. Therefore, it is important for the adult to dispose of wrappers as soon as the toy is opened.

2. GIVE INSTRUCTIONS ON SAFE USE. ___ ___
Any object can be dangerous if not used properly. When introducing a new toy take the time to demonstrate or talk about the safe way to use it.

3. PLAY WITH AND SUPERVISE CHILDREN. ___ ___
When children play with toys they need supervision. The most enjoyable way to supervise is to use the toys with the children.

4. CHECK FOR DAMAGE AND SMALL PIECES. ___ ___
Check the child's toys for possible hazards - sharp edges, long strings, hinges that could pinch, splinters, weak seams, rust, small pieces the younger child could swallow?

5. HELP OLDER CHILDREN KEEP THEIR TOYS AWAY FROM SMALLER CHILDREN. ___ ___
Older children's toys often are electric, have many small pieces or have a design which is safe for them but dangerous to a younger child. Prevent danger and frustration by helping the older child find a safe place to store special toys and set aside a safe place or time for the older child to use his/her toy undisturbed.

6. THROW AWAY OR REPAIR BROKEN TOYS. ___ ___

7. PLAN FOR A SAFE PLAY AREA. ___ ___
Create safe traffic areas around equipment.

8. CAUTION CHILDREN AGAINST RUNNING OR ROUGH PLAY AROUND EQUIPMENT AND TOYS. ___ ___

9. KEEP FOOTING SAFE. ___ ___
Have children periodically pick up toys so that they don't accumulate and cause children to trip.

10. BRING TOYS INSIDE. ___ ___
Are toys brought inside at night to avoid damage caused by weather or stray animals?

List two things that you will do this week to improve toy safety.

1.

2.

One week after the above changes have been made, observe and write down any differences you see in the way the children are playing with their toys.

THE TOY BOX DILEMMA

Have you ever tried to get a shirt from the bottom of a suitcase without messing up the rest of the clothes? Imagine the dilemma of a child taking a toy from the bottom of the toy chest while someone is saying "Why are you dumping all those toys on the floor?"

Toy chests/boxes are not recommended for storage of toys for the above and the following reasons:

a. Children can't see the toy at the bottom so they tend to forget it is there.

b. It is difficult to get to a toy which is toward the bottom without removing the toys on the top.

c. It teaches children to throw and keep things in a helter-skelter fashion rather than keeping them in an organized way.

d. Toys that are thrown into a toy box are often damaged in the process and lose their appeal.

e. The last, but most important reason for not including toy chests is safety. The Consumer Product Safety Commission estimates in a one year period over 2,600 persons (70% under 4 years of age) were injured in accidents involving toy boxes. "A 13 month old was found dead with his head inside his toy box and his neck over the edge. Trapped in this position by the fallen lid, he died of asphyxiation." Most toy chest injuries are cuts and most occur when a child falls against the corner or edge of the box. Serious hazards have also been associated with certain toy boxes and chests with hinged lids. There is the danger that a heavy lid may fall with great force on a child. And if it falls on the back of a child's neck or on the head and traps the head inside, there is the chance the child might not be able to get free. This type of accident has caused at least two fatalities and one near fatality. Finally, there is the possibility of a child becoming trapped inside a toy box or chest without sufficient air to breathe.

If you own a toy box and plan to continue using it, please note the following:

If the lid is heavy, has a recessed inner surface, or will not hold in an open position--or if the box has poor ventilation, the hazard can be eliminated by removing the lid. There is some evidence that a lid with protrusions or recessed areas on the inner side may make it more difficult for a child to get free should the lid close on the head accidentally.

If the lid is lightweight and has a flat inner surface, be sure that it also has a device that will hold it open in a raised position so that it will not slam shut of its own weight. Make sure that the device to hold the lid open is not able to pinch a child's fingers.

The toy box or chest should be well-ventilated. This means air holes in the lid and at least one side, near the top; air holes near the top on two sides; or a box with a lid that cannot close completely.

It should not be possible to lock the lid of the toy box or chest.

NOTE: These safety precautions apply also to containers of a similar style such as picnic coolers, cedar chests, trunks, etc.

TOYS 'N THINGS PRESS

Materials for Trainers and Caregivers

Toys 'n Things Press has produced many resource materials especially for caregivers and child care trainers. The following titles are currently available. If you are interested in any of these materials, send in this form and we will send you a copy of our free catalog.

Training Materials....

( ) HELPING CHILDREN COPE WITH CRISIS
includes curriculum outline, suggested activities, handouts, annotated bibliography....designed for short course instructors.

( ) INFANT-TODDLER GROWTH & DEVELOPMENT
includes curriculum outline, suggested activities, handouts, annotated bibliography....designed for short course instructors.

( ) BIBLIOTHERAPY: Books to Help Young Children
an annotated listing of children's books which focus on healthy solutions to problems children frequently face.

( ) POTPOURRI OF PAMPHLETS, A Resource Packet
a topical index of 100 high quality pamphlets which are available free or at a low cost....includes ordering instructions and samples of 20 pamphlets.

( ) FIELD TRIPS
includes ideas for trips, pre- and -post trip activities and chaos preventing planning tips....designed for short course instructors.

( ) NEW SPACES, NEW FACES: SUPPORTING CHILDREN THROUGH CHANGE
includes curriculum outline, suggested activities, handouts, annotated bibliography....designed for short course instructors.

( ) BLUEPRINTS
a "how to" guide to the process of developing child care training and parent education programs.

( ) NEW PARENTS
includes curriculum outline, suggested activities and handouts for teaching infant-toddler growth and development to new parents.

( ) MAKE ROOM FOR CHILDREN
a filmstrip with cassette which teaches Family Day Care providers to analyze the human and physical environments they provide....adaptable to other home care situations.

( ) ADVENTURES IN LEARNING
a filmstrip with cassette which teaches viewers to plan and provide field trips as exciting learning experiences for children.

( ) CHOOSING CHILD CARE
a filmstrip with cassette which describes the available options in child care and gives the viewer tools to use in wise decision making.

( ) INVITING SPACES
a filmstrip and cassette to help show how family day care providers can make the best possible use of the physical environment in their home. Adaptable to use with other audiences.

( ) TOYS THAT TEACH
a filmstrip with cassette which describes, in rhymed verse, the learning which occurs as children play with toys.

Materials for caregivers....

( ) TEACHABLES FROM TRASHABLES
includes illustrated directions for making toys from recycled household "junk"....suggests activities and describes the learning which occurs as children play with toys.

Materials for caregivers (continued)....

( ) CALENDAR-KEEPER
a calendar and record keeping system....includes: attendance, expense and income recording systems, activity suggestions for special activities during the month.

( ) BUSINESS IDEAS FOR FAMILY DAY CARE PROVIDERS
series designed to give family day care providers business management skills. Includes "Basic Guide to Record Keeping and Taxes", "Annual Update to Federal Income Tax Preparation", and "Coming to Terms".

( ) SHARING IN THE CARING
professional looking parent-provider agreement packet, including hints for parents and providers for establishing a good relationship, sample contract and contract forms.

( ) OPEN THE DOOR, LET'S EXPLORE
learning activities for 18 different neighborhood and community field trips to do with young children.

NAME____

ADDRESS_____________________________________

CITY__________________________STATE_______ZIP_____

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PLACE
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